04 6 3 (2)

No. JUL 13 2004

OFFICE OF THE CLERK

In the

Supreme Court of the United States

AGNES BERNARDO, et al.,

Petitioners,

v.

PLANNED PARENTHOOD FEDERATION OF AMERICA. et al.,

Respondents.

On Petition for a Writ of Certiorari to the Supreme Court of California

Volume 1 of 2 of the Appendix
PETITION FOR WRIT OF CERTIORARI

RICHARD THOMPSON
Counsel of Record
EDWARD L. WHITE III
PATRICK T. GILLEN
STUART FAGAN
THOMAS MORE LAW CENTER
24 FRANK LLOYD WRIGHT DRIVE
P.O. BOX 393
ANN ARBOR, MI 48106
(734) 827-2001

Counsel for Petitioners

Becker Gallagher Legal Publishing, Inc.
800.890.5001

F/O

Appendix I

Exhibit 10 . . . . . 112a

Exhibit 11 . . . . . 180a-230a

Appendix II

Exhibit 11 . . . . . 231a-455a

Exhibit 12 . . . . . 456a

Exhibit 13 . . . . . 483a

Exhibit 14 . . . . . 512a

EXHIBIT 10

SUPERIOR COURT OF THE STATE OF CALIFORNIA COUNTY OF SAN DIEGO HALL OF JUSTICE

Case No. GIC 772552

AGNES BERNARDO, PAMELA COLIP, and SAUNDRA DUFFY-HAWKINS, individually and on behalf of the GENERAL PUBLIC	)
Plaintiffs,	)
v.	)
PLANNED PARENTHOOD FEDERATION OF AMERICA and PLANNED PARENTHOOD OF SAN DIEGO AND RIVERSIDE COUNTIES	)
Defendants.	)

THOMAS MORE LAW CENTER, *Pro Hac Vice*
PATRICK T. GILLEN, (MI Bar No. P47456)
JOHN KINDLEY (WI Bar No. 1034176)
KIMBERLY A. R. DANIELS, State Bar No. 172790
3475 Plymouth Road, Suite 100
Ann Arbor, Michigan 48105

Telephone: (734) 827-8185
Facsimile: (734) 998-4778

STUART E. FAGAN, State Bar No. 152732
3110 Camino Del Rio South, Suite A203
San Diego, California 92108
Telephone: (619) 528-9600
Facsimile: (619) 528-9675
Attorneys for Plaintiffs

JAMES E. McELROY, State Bar No. 079313
LAW OFFICES OF JAMES E. McELROY
625 Broadway, Suite 1400
San Diego, California 92101
Telephone: (619) 232-6686
Attorney for Defendants

DECLARATION OF FRANCIA MORELLO

GENERAL CIVIL

I, Francia Morello, declare as follows:

1. I am an adult of sound mind and body and make this declaration based upon my personal knowledge.

2. On January 2 and 3 of 2002 I visited the web sites of Planned Parenthood of America and Planned Parenthood of San Diego and Riverside Counties as indicated by the notations on the headers and footers of the documents attached hereto.

3. The documents attached hereto are true and accurate copies of pages appearing on the websites of Planned Parenthood Federation of America, Inc. and Planned Parenthood of San Diego and Riverside Counties.

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

DATED this 7th day of January, 2002.

/s/_____
FRANCIA MORELLO

[000001]

Planned Parenthood Federation of America, Inc.

Planned Parenthood, your most trusted source for sexual health info.

Take action

Sign the Petition for Choice
In light of the threat to women's privacy, we ask you to reaffirm your commitment to *Roe v. Wade* and support programs and legislation that can best protect reproductive freedom.

featured articles

Donating Embryonic Cells and Fetal Tissue for Medical Treatment and Research
There is currently much debate about funding the use of pre-embryonic, embryonic, and fetal cells and tissue for medical treatment and research. This updated fact sheet presents the latest information on this topic.

teenwire.com Quiz: Are You STI Savvy?
Think you know everything there is to know about sexually transmitted infections? Test yourself with this quiz, and find out how much you really know about these infections.

House Anti-Choice Leadership Kills Community Health Centers Bill
Once again, anti-choice reactionaries are willing to sacrifice the health and welfare of low-income families across America to further their regressive and single-minded agenda.

Give a Planned Parenthood Calendar for 2002
Order this 2002 artistic calendar with images from our award-winning TV commercial and compelling, poetic narrative.

[000002]

plannedparenthood dot org

[000003]

FACT SHEET

Planned Parenthood Services, 1999

Sexual and Reproductive Health Services

In 1999, Planned Parenthood provided more than 5 million people with the means to make responsible choices about their sexual and reproductive health. Our 875 clinics are operated by 127 affiliates that serve communities in the District of Columbia and every state except North Dakota, Hawaii, and Mississippi.

The core of Planned Parenthood affiliate medical service is contraception and accompanying health care and counseling. Last year, we provided medical services for nearly 4 million people (IGPP, 2000). Every year, we prevent an estimated half-million unintended pregnancies (PPFA, 1998).

Sexuality Education

In 1999, more than 2,200 affiliate staff and volunteer educators provided more than 78,000 educational programs to

more than 1.4 million people of all ages and in a variety of settings -- from preschools to universities, from prisons and social service programs to religious institutions and civic organizations. Programs focused on 25 different content areas, such as teenage pregnancy, contraception/family planning, sexually transmitted infections, AIDS/HIV, puberty education, parent-child communication, women's health, sexual orientatio0/homophobia, safer sex, sexuality education, and family life education (IGPP, 2000). In addition to the education programs, more than 5,000 training programs were provided by 155 affiliate staff and volunteer trainers to more than 63,000 professionals who work with children, teens, and young adults. Those trained included teachers, social workers, physicians, nurses, religious leaders, prison staff, rehabilitation counselors, addiction counselors, and group home staff (IGPP, 2000

Service	**No. of Procedures**	**Referrals**
Contraceptive Clients-Women	1,883,374	
Contraceptive Clients- Men	38,632	
Abortion Procedures	182,854	
HIV Testing Clients -- Women	152,596	
HIV Testing Clients -- Men	30,928	
Vasectomy Clients	2,445	790
Sterilization Clients -- Women	9O2	2,405
Prenatal Clients	19,281	

[000004]

Infertility Clients	516
Colposcopy Procedures	29,019
Cryotherapy Procedures	5,869
Emergency Contraception Clients	112,807

Midlife Clients	121,086	
Pregnancy Tests	1,035,486	
Breast Exams/Breast Care (Referred Out)	1,100,901	9,382
Adoption 2,999		
Primary Care Clients	20,189	
All Other Procedures	75,949	
Totals	**4,712,834**	**15,576**

Reversible Contraceptive Methods *chosen by Planned Parenthood Clients, 1999*
(shown as percent of all contraceptive clients, rounded to nearest tenth percent)

Oral	52.4
Non-Prescription Barriers	13.3
Injectible	11.8
Other/Unknown	5.4
Emergency Contraception	3.9
IUD	0.8
Prescription Barrier	0.5
Norplant	0.4
Prediction Fertility	0.2
No Method	11.3

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PPFA -- Planned Parenthood Federation of America. (1998). *1997-1998 Annual Report*. New York: Planned Parenthood

Federation of America.

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Media Contacts
New York:212/261-4660
Washington, DC: 202/973-6397

Public Policy Contact
Washington, DC: 202/785-3351

[000005]

Fact Sheet
Published by the Katharine Dexter McCormick Library
Planned Parenthood Federation of America
810 Seventh Avenue, New York, NY 10019 212-261-4779
www.plannedparenthood .org
www.teenwire.com
Current as of February 2001

[000006]

plannedparenthood
Sexual Health

Each year, Planned Parenthood health centers nationwide provide high quality, affordable reproductive health care and sexual health information to more than five million women, men and teens. Planned Parenthood health centers offer a wide range of reproductive and sexual health services.

Support the work of Planned Parenthood. Donate Now!

Planned Parenthood Health Centers

Birth Control

Emergency Contraception

Sexually Transmitted Infections and Safer Sex

Pregnancy and Parenting

Abortion

Teen Issues

Women's Health

[000007]

Abortion
It is a policy of Planned Parenthood Federation of America to ensure that women have the right to seek and obtain medically safe, legal abortions under dignified conditions and at reasonable cost.

- Choosing Abortion - Questions and Answers
- Medical Abortion - Questions and Answers
- Mifepristone (Formerly known as RU-486)
- Surgical Abortion - Questions and Answers
- Five Ways to Prevent Abortion (And One Way That Won't)

- Nine Reasons Why Abortions are Legal

- Anti-Abortion Counseling Centers: A Consumer's Alert to Deception, Harassment, and Medical Malpractice

Fact Sheets and Reports:

Abortion and Women's Health Issues

- Abortion after the First Trimester
- Anti-choice Claims About Abortion and Breast Cancer
- The Emotional Effects of Induced Abortion
- Medical and Social Health Benefits Since Abortion Was Made Legal in the U.S.
- How Abortion Is Provided
- Mifepristone: A Brief History
- Mifepristone: Expanding Women's Options for Early Abortion
- Unsafe Abortion Around the World
- Women's Stories of Abortion and Reflections on *Roe v. Wade*

Abortion and Legal Issues

- Donating Fetal Tissue for Medical Treatment and Research
- A History of Protecting Reproductive Health Services in the Courts
- Laws Requiring Parental Consent or Notification for Minors' Abortions
- Major U.S. Supreme Court Rulings On Reproductive Health And Rights
- Profiles of 14 Leading Anti-Choice Organizations
- *Roe v. Wade* at 25: Its History and Impact
- Teenagers, Abortion, and Government Intrusion Laws

[000008]

- Why Abortion Bans are Unconstitutional

Reports

- Major U.S. Supreme Court Rulings on Reproductive Heatlh and Rights (1965-1997)
- Summary of Ruling by U.S. Court of Appeals for the Seventh Circuit Upholding Two State Laws Banning Abortion
- Summary of Rulings by U.S. Court of Appeals for the Eights Circuit Striking Down Three State Laws Banning Abortion
- Summary of *Planned Parenthood of Southeastern Pennsylvania v. Casey*
- Summary of *Webster v. Reproductive Health Services*
- U.S. Supreme Court Reviews *Stenberg v. Carhart*

En Español

- Como Se Obtiene Un Aborto
- Mifepristona: Aumento en las Opciones de las Mujeres para Obtener un Aborto Prematuro

For medical questions, or to schedule an appointment with the nearest Planned Parenthood center, call toll-free 1-800-230-PLAN.

For more information, please read our Frequently Asked Questions.

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Surgical Abortion – Questions and Answers

Index

- What is surgical abortion?
- How does it work?
- How long does it take?
- How effective is it?
- What do I need to do to get a surgical abortion?
- How does it feel?
- How is MVA performed?
- How is a D&C performed?
- How is a D&E performed?
- What are the health risks of abortion?
- After the abortion?
- How will I feel later?
- Will I bleed for a long time?
- When will I get my period?
- When can I have sex again?
- Where can I get a surgical abortion?
- How much does abortion cost?

For medical questions, or to schedule an appointment with the nearest Planned Parenthood center, call toll-free 1-800-230-PLAN.

For more information, please read our Frequently Asked Questions.

[000010]

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Will I bleed for a long time?
You may bleed off and on for a couple of weeks. Some women have cramps and pass a few large blood clots for up to 10 days. Use sanitary pads - not tampons.

When will I get my period?
Abortion begins a new menstrual cycle. You should have a regular period in four to eight weeks. *You can get pregnant very soon after the abortion.*

When can I have sex again?
You should not havevaginal intercourse until three weeks after you stop bleeding. Your cervix needs to close again. If you have vaginal sex, use a condom to avoid infection.

Where can I get a surgical abortion?
Contact Planned Parenthood at 1-800-230-PLAN, other women's health centers, or your private clinician. Or call the National Abortion Federation at 1-800-772-9100.

How much does abortion cost?
Fees depend on how long you've been pregnant and where you go. At health centers, the cost ranges from about $225 $575 for abortion in the first trimester. Hospitals generally cost more.

For medical questions, or to schedule an appointment with the nearest Planned Parenthood center, call toll-free 1-800-230-PL.AN.

For more information, please read our Frequently Asked Questions.

Fold Out Exhibit

(Planned Parenthood Health Centers)

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plannedparenthood

Planned Parenthood Health Centers

Your Online Source for Reproductive Health Information

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about us
sexual health
take action
research information
DONATE NOW

Please enter your zip code below so that we may provide you with information about your local clinic:

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You also can find your local clinic by selecting your state:

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Legislative Action Center
Look up and Contact YOUR members of Congress

For medical questions, or to schedule an appointment with the nearest Planned Parenthood center, call toll-free **1-800-230-PLAN**.

For more information, please read our Frequently Asked Questions.

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[000013]

Welcome to
Planned Parenthood®

Affiliates

Six Rivers Planned Parenthood

Planned Parenthood Los Angeles

Planned Parenthood of Pasadena

Planned Parenthood of San Diego & Riverside Counties

Planned Parenthood Mar Monte

Planned Parenthood Golden Gate

Planned Parenthood of Orange & San Bernardino Counties

Planned Parenthood of Santa Barbara, Ventura & San Luis Obispo Counties, Inc.

Planned Parenthood: Shasta-Diablo

Planned Parenthood Association of Idaho

For medical questions, or to schedule an appointment with the nearest Planned Parenthood center, call toll-free 1-800-230-PLAN.

For more information, please read our Frequently Asked Questions.

[000014]

Planned.org

Planned Parenthood of San Diego & Riverside Counties

e-Clinic
Reproductive health care made easy! Our e-clinic allows you to look up information on your own or ask questions of one of our clinicians.

Teen 411
Just for teens. Health info, dating advice, how to say no, what to do if you decide to say yes, and more.

NEWS

Don't want to wait for an appointment? Come to our new Planned Parenthood Express in Mission Valley!

Planned Parenthood is now offering mifepristone (also known as RU-486) as an early option for terminating pregnancy.

Live in the desert area? We have a new location in Rancho Mirage!

tel: (619) 683-PLAN
1075 Camino del Rio South, Suite 200, San Diego, CA 92108

[000015]

What are the health risks of abortion?

In the first 20 weeks, abortion is much safer than giving birth. Complications from early abortion include

- Allergic reactions to the drugs. Tell your clinician what medications or recreational drugs you take. It will be strictly confidential.
- Incomplete abortion. This occurs in less than 1 out of 100 D&C abortions. It occurs in 1 out of 200 D&Es.
- Blood clots in the uterus.
- Infection. Usually antibiotics clear up the infection. In rare cases, a repeat procedure, hospitalization, or surgery is needed.
- Very heavy bleeding. You may need medication, a D&C, or, rarely, surgery. Very rarely, blood transfusions are required.
- A cut or torn cervix. This occurs in fewer than 1 out of 100 early abortions.
- Organ injury. In about 1 of 1,000 early abortions, an instrument goes through the wall of the uterus. In even fewer cases, this leads to infection, heavy bleeding, or both. In D&E this happens 3 of 1,000 times. Surgery, or very rarely, hysterectomy, may be needed.
- Death occurs in 1 of 100,000 abortions. Childbirth carries seven times more risk.

After the abortion?

- After very early and early abortions, you will rest in a recovery room for about an hour.
- If you have an Rh negative blood type, you will receive an injection to protect future pregnancies.

- o You will receive written after-care instructions and a 24-hour emergency phone number. Call your clinician if you have heavy bleeding, pain, or fever. o You can discuss birth control with your counselor.
- o You will make a follow-up appointment in two to four weeks.

How will I feel later?
You may have cramps. You may want to relax for the rest of the day. You may shower as soon as you wish. Do not take baths, douche, or use vaginal medications. You can usually return to work or other normal activities the next day. Recovery after later abortions may take longer.

Order this brochure online at the Planned Parenthood bookstore.

For medical questions, or to schedule an appointment with the nearest Planned Parenthood center, call toll-free 1-800-230-PLAN.

[000016]

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FACT SHEET

Medical and Social Health Benefits
Since Abortion Was Made Legal in the U.S.

Despite the claims of anti-choice ideologues, many demonstrable health benefits m physical, emotional, and social m have accrued to Americans since 1973, when the U.S.

Supreme Court legalized abortion in its decision, Roe v. Wade.

The most important benefit, of course, has been the end of an era that supported the proliferation of "back alley butchers" who were motivated by money alone and performed unsafe, medically incompetent abortions that left many women dead or injured. And compassionate mainstream physicians, who provided clandestine, medically safe abortions, who did not exploit their patients, and who were motivated by principle rather than by financial concerns, no longer had to fear imprisonment and the loss of their medical licenses for performing abortions after Roe was decided (Joffe, 1995). Today, as attempts to criminalize abortion are on the rise, it is important to remember how far Roe has brought us as a society and to note some of the many benefits that resulted from this landmark decision.

Roe v. Wade did not "invent" abortion.

- Estimates of the annual number of illegal abortions in the 1950s and 1960s range from 200,000 to 1.2 million (Tietze & Henshaw, 1986).
- In 1969, one year before New York State legalized abortion, complications from abortions accounted for 23 percent of all pregnancy-related admissions to municipal hospitals in New York City (Institute of Medicine, 1975).
- After California liberalized its abortion law in 1967, the number of admissions for infection resulting from illegal abortion at Los Angeles County/University of Southern California Medical Center fell by almost 75 percent (Seward et al., 1973).

Since Roe v. Wade, women have obtained abortions earlier in pregnancy when health risks to them are at the lowest.

- In 1973, only 38 percent of abortions were performed at or before eight weeks of pregnancy (CDC, 1974).
- Today, 88 percent of all legal abortions are performed within the first 12 weeks of pregnancy, and 55 percent take place within the first eight weeks of pregnancy. Only 1.5 percent occur after 20 weeks (CDC, 1999).

Deaths from abortion declined dramatically during the past two decades.

[000017]

- In 1965, when abortion was still illegal nationwide except in cases of life endangerment, at least 193 women died from illegal abortions, and illegal abortion accounted for nearly 17 percent of all deaths due to pregnancy and childbirth in that year (NCHS, 1967).
- In 1973, the risk of dying from an abortion was 3.4 deaths per 100,000 legal abortions. This rate fell to 1.3 by 1977 (Gold, 1990).
- Today, abortion is one of the most commonly performed clinical procedures, and the current death rate from abortion at all stages of gestation is 0.6 per 100,000 procedures. This is eleven times safer than carrying a pregnancy to term and nearly twice as safe as a penicillin injection (Paul et al., 1999; Gold, 1990).

Medically safe, legal abortion has had a profound impact on American women and their families.

- Couples at risk of having children affected with severe and often fatal genetic disorders have been willing to conceive because of the availability of amniocentesis and safe, legal abortion (Milunsky, 1989).
- Thirty-one percent of the abortions in the U.S. are provided to the women for whom the health and social consequences of unintended childbearing are the greatest m women over 35 and teenagers (Henshaw & Kost, 1996).
- More than half of all abortions are performed at or before eight weeks of pregnancy, when the procedure is the safest
  – 0.2 deaths per 100,000 procedures (Gold, 1990).
- Half of all pregnancies in the U.S. each year are unintended, and about half of these are terminated by medically safe, legal abortions (Henshaw, 1998a). In 1996, 1.37 million abortions took place, down from an estimated 1.61 million in 1990. From 1973 through 1996, more than 34 million legal abortions occurred (Henshaw, 1998b).
- If safe, legal abortion were not available, more women would experience unwanted childbearing, and unwanted childbearing affects the entire family. Mothers with unwanted births suffer from higher levels of depression and lower levels of happiness than mothers without unwanted births. They spank and slap their children more often than other mothers, and spend less leisure time outside the home with their children. Lower-quality mother/child relationships are not limited to the child born as a result of the unwanted pregnancy -- all the children in the family suffer (Barber et al., 1999).

The health and well-being of women and children suffer the most in states that have the most stringent anti-abortion laws.

This is elucidated by Jean Ruth Schroedel in her book, *Is the Fetus a Person* ? A Comparison of Policies in the Fifty States, to be published in June 2000 by Cornell University Press. Recent news articles about her findings note the following:

- Compared to pro-choice states, anti-abortion states spend far less money per child on a range of services such as foster care, education, welfare, and the adoption of children who have physical and mental handicaps (Pollitt, 1999.)

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- The states that have the strongest anti-abortion laws are also the states in which women suffer from lower levels of education and higher levels of poverty, as well as from a lower ratio of female-to-male earnings. They also have a lower percentage of women in the legislature and fewer mandates requiring insurance providers to cover minimum hospital stays after childbirth (Pollitt, 1999).

The legalization of abortion is a significant factor in the dramatic drop in crime in the U.S. in the 1990s.

- Previous research has established that a strong link exists between an adverse family environment and future criminal behavior; that maternal rejection is counted among the various qualitative aspects of parenting that provide the most accurate predictors of juvenile delinquency; and that having been born of a pregnancy that was unwanted by one's mother is a circumstance that increases a person's risk of committing violent crime (David, 1988).

- Legalized abortion can account for about half the observed decline in crime in the U.S. between 1991 and 1997. Homicide rates have fallen more than 30 percent, and violent crime and propórty crime have each fallen between 15 and 20 percent.
- The timing of the drop in crime corresponds to the period in which the first generation of children born after the legalization of abortion are reaching what are considered to be the peak ages of criminal activity (18-24 years old). Furthermore, states that legalized abortion before the rest of the nation did so were also the first states to experience decreasing crime rates.
- States with high abortion rates have seen a greater fall in crime since 1985, even after taking into account other factors that would be expected to influence the crime rate. Furthermore, these declines in crime rates in high-abortion states are disproportionately concentrated among those under the age of 25. (Donohue & Levitt, 1999)

In sum, no amount of controversy over abortion can negate the evidence that American women, men, children, and families have reaped great benefits to their physical, mental, and social health from the U.S. Supreme Court's historic decision in Roe v. Wade. Any erosion of a woman's right and access to medically safe, legal abortion jeopardizes the health of women, their families, and the nation as a whole.

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Media Contacts
New York:212/261-4660
Washington, DC: 202/785-3351

[000020]

Public Policy Contact
Washington, DC: 202/785-3351

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Current as of January 2000

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[000021]

planned.orge-ClinicTeen 411

Abortion Info: Q&A: Is abortion safe?

Is abortion safe?
Yes. Today, abortion is about twice as safe as having your tonsils out and is safer than childbirth. In fact, abortion is 11 times safer than giving birth up to the 18th week of pregnancy. However, the risk of rare, serious complications or death from abortion increases the longer a pregnancy goes on.

Ask a Clinician
Make an appointment

[000022]

E-Clinic

Planned Parenthood of San Diego and Riverside Counties (PPSDRC) has been providing comprehensive reproductive health care services for over 30 years. Planned Parenthood is recognized as an outstanding provider of medical services and one of the largest providers of reproductive health care services in the United States.

Planned Parenthood of San Diego and Riverside Counties has an extensively trained staff of obstetricians/gynecologists, registered nurses, nurse practitioners, physician assistants, medical assistants and educators who understand the importance of reproductive health care.

Most of our services are available for FREE through Family PACT, a state-funded program. Afraid you don't qualify? You probably do! Give us a call or visit one of our clinics to make sure.

Call us at 1-800-230-PLAN to make an appointment

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Make an Appointment – 1

To make an appointment at any of our clinics, please call **1-800-230-PLAN.**

Chula Vista
1295 Broadway #201
Chula Vista 91911
(619) 585-4779

College Avenue
4575 College Ave., Suite B
San Diego 92115
(619) 286-6004

El Cajon
330 S. Magnolia #101
El Cajon 92020
(619) 442-9444

Encinitas
332 Santa Fe Dr., Suite 120
Encinitas 92024
(760) 634-8333

Escondido
215 S. Hickory Street #112
Escondido 92025
(760) 738-7770

Fifth Avenue - Womancare
3500 Fifth Ave #102
San Diego 92103
(619) 296-6312

Francis Torbert Euclid Ave.
220 Euclid Ave, Suite 40
San Diego 92114
(619) 262-3941

Kearny Mesa
7526 Clairemont Mesa Blvd.
San Diego 92111
(858) 278-5281

Margaret Sanger Oceanside
2110 S. Coast Hwy, Ste. F
Oceanside 92054
(760) 757-7005

Mira Mesa
10737 Camino Ruiz #220
San Diego 92126
(858) 566-4223

Mission Valley
1075 Camino Del Rio South, #330
San Diego 92108
(610) 683-7538

Ocean Beach
5041 Newport Ave.
San Diego 92107
(610) 226-4945

Parker Pacific Beach
1602 Thomas Ave.
San Diego 92109
(858) 272-1912

Rancho Mirage
71777 San Jacinto Dr., Suite 202
Rancho Mirage 92270
(760) 674-0040

Riverside
3772 Tibbetts, Suite A
Riverside 92506
(009) 682-8540

Valley Center
31034 Valley Center Road, Suite B
Valley Center 92082
(760) 751-0529

Ask a Clinician

[000024]

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FACT SHEET

Anti-choice Claims About Abortion and Breast Cancer

Undaunted by the absence of compelling evidence associating induced abortion with a woman's risk of developing breast cancer, anti-choice extremists insist on making the connection anyway. Once more they are using misinformation as a weapon in their campaign against safe, legal abortion. In the guise of an ostensible concern for women's health, these ideologues point to inconclusive, and at times flawed, studies for alleged evidence of a possible association, while ignoring or dismissing overwhelming evidence that induced abortion does not place women at greater risk of breast cancer. Neither the National Cancer Institute nor the American Cancer Society recognizes the reliability of such an association (ACS, 199b; NCI, 1999). Yet anti-choice zealots have drawn highly questionable conclusions to develop "public education" campaigns such as the advertisements sponsored by Christ's Bride Ministries that appeared on public transportation vehicles in Philadelphia warning that "women who choose abortion suffer more and deadlier breast cancer" (Slobodzian, 1999). Anti-abortion foes are also lobbying for legislation that would require telling women who are considering abortion that having one would place them at in increased risk for breast cancer (Querido, 1999).

While researchers do not know what causes breast cancer, reproductive factors have been associated with risk for the disease since the 17th century, when breast cancer was noted to be more prevalent among nuns. It is knowrl that having a

full-term pregnancy early in a woman's childbearing years is protective against breast cancer, and some studies have also indicated that breastfeeding, especially in women who are young when they give birth, may reduce a woman's risk of developing the disease. A woman's age at menarche and menopause also influence her risk for breast cancer, with earlier onset of regular menstrual cycles and later age at menopause associated with higher risk (Kelsey & Gammon, 1991). However, the best available evidence -- from large population-based cohort studies -- shows no net effect that induced abortion places women at increased risk for developing breast cancer (Bartholomew & Grimes, 1998).

Hypothesis: Hormones Lead to Breast Cell Differentiation

The theory linking pregnancy termination and breast cancer is based on the hormonal disruption that occurs when a woman's pregnancy is interrupted. Pregnancy initiates a surge of sex hormones (estrogen, progesterone, and prolactin), which leads to differentiation of the cells in the breast glands in preparation for lactation. The changing concentrations of hormones during the second and third trimesters of pregnancy lead to increased differentiation. In a first pregnancy, the results of these hormonal changes permanently alter the structure of the breast. Adherents of

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this theory claim that interruption of the first trimester of a first pregnancy causes a cessation of cell differentiation that may result in a subsequent increase in the risk of cancerous growth in these tissues (Brumsted & Riddick, 1990; Westhoff, 1997). Attempts to prove this theory, however, have failed.

Many Factors Contribute to Inconclusive Study Results

At least 75 research studies worldwide have collected data about breast cancer and reproductive factors such as childbirth, menstrual cycles, birth control pills, and abortion. Approximately 25 studies have examined the risk of developing breast cancer for women who have had abortions. Cancer researchers at the National Cancer Institute, the American Cancer Society, and major universities say that the most reliable studies show no increased risk, and they consider the entire body of research inconclusive (ACS, 1999; NCI, 1999; Rosenfield, 1994?).

A number of factors may render a study unreliable:

- Miscarriages and induced abortion affect a woman's body differently but many studies have not distinguished between them.
- Many women do not report miscarriages because they are unaware they have had them.
- Abortions are often unreported because of the privacy of the decision to terminate a pregnancy.
- Some studies have not examined the possibly different effects of abortion after or before a full-term pregnancy.
- Other studies have not been careful tO examine the impact of age at the time of abortion and age at the time of first childbirth.
- Many studies have been too small to be statistically significant.

(Wingo et al., 1997; NCI, 1999).

Two of the Strongest Studies Published to Date Show no Overall Relationship Between Induced Abortion and Breast Cancer

One of the most highly regarded studies on abortion and breast cancer was published in the New England Journal of Medicine in 1997. This study of 1.5 million women found no overall connection between the two (Melbye et al., 1997). This study benefited from its size -- 1.5 million women -- and by linking data from the National Registry of Induced Abortions and the Danish Cancer Registry, thereby avoiding one of the pitfalls observed in some case-control studies -- that women with breast cancer were more likely to recall having had an induced abortion than women without breast cancer, particularly because abortion had been illegal (Brody, 1997; Westhoff, 1997). An accompanying editorial on the results of the study led the writer to conclude that, "in short, a woman need not worry about the risk of breast cancer when facing the difficult

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decision of whether to terminate a pregnancy." (Hartge, 1997)

Another large cohort study was done in Sweden. It followed, for as long as 20 years beginning in 1966, 49,000 women who had received abortions before the age of 30. Not only did the study show no indication of an overall risk of breast cancer after an induced abortion in the first trimester, but it also suggested that there could well be a slightly reduced risk. Among women who had given birth prior to induced abortion, the relative risk for breast cancer was 0.58; for thosewho had never given birth, the relative risk was 1.09; for the total

sample, the relative risk was 0.77 (Lindefors Harris et al., 1989).

Studies Published During the Past 20 Years Offer Mixed Results

Before Melbye's seminal study appeared in 1997 in the New England Journal of Medicine, the body of published research showed inconsistent and inconclusive evidence -- some found abortion to have a protective effect, others found a slightly elevated risk. Many of these studies were hindered by the small sample size, others failed to distinguish between induced and spontaneous abortion, and others did not take confounding factors into account (NCI, 1999).

A recent population-based case-control study examined data from the Carolina Breast Cancer Study to determine what, if any, connections exist between induced abortion and other reproductive events in adolescence and the development of breast cancer later in life. The authors reported that neither induced nor spontaneous abortion during adolescence was connected to an increased risk of breast cancer. They did, however, observe that breastfeeding conferred some protection against breast cancer (Marcus et al., 1999).

In 1996, Joel Brind and colleagues published a meta-analysis of 28 published reports describing 23 studies on induced abortion and breast cancer. Based on these studies, the authors calculated that induced abortion places women at a slightly increased risk for developing breast cancer (Brind et al., 1996). This analysis has been criticized for attempting to calculate the odds for developing breast cancer from widely varying studies (Blettner et al., 1997), some of which have been criticized for methodological flaws and for failing to

calculate their results from the raw data of the original studies (Melbye et al., 1997).

A 1994 study, published in the Journal of the National Cancer Institute, was a case-control study of 845 women in Washington State who were diagnosed with breast cancer from 1983 through 1990, and of 961 controls. The study found that among women who had been pregnant at least once, the risk of breast cancer in those who had experienced an induced abortion was 50 percent higher than among other women. Highest risks were observed when the abortion was done at ages younger than 18. No increased risk was associated with a spontaneous abortion. However, the study was relatively small, lacked objective measures for establishing pregnancy duration, and was susceptible to reporting bias, since a breast cancer diagnosis may influence a woman's recall or disclosure of her reproductive history. The authors reported that the study's limitations "argue against a firm conclusion at this time" and called for further research (Daling et al., 1994). An editorial that

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accompanied the report said that "it is difficult to see how [the study results] will be informative to the public" (Rosenberg, 1994).

A 1989 study matched 1,451 women in New York State whose breast cancer was reported from 1976-1980 with controls of equivalent age and residence (Howe et al., 1989). The study examined state health records for the prior incidence of abortion or miscarriage. An odds ratio of 1.9 was found for cases with a history of only induced abortions, 1.5 for only spontaneous abortions, and 4.0 for repeated interrupted pregnancies with no intervening births. However,

the cohort consisted only of women under age 40 and the follow-back search was restricted to events that occurred since 1971. The authors believed that the study was inconclusive.

In a 1987 study, researchers reported "little relation of breast cancer risk with abortions or miscarriages" (La Vecchia, 1987). Four years later, the same researchers again found no consistent relationship (Parazzini, 1991). Other researchers concluded in 1988 that the data "suggest that the risk of breast cancer is not materially affected by abortion, regardless of whether it occurs before or after the first term birth" (Rosenberg, 1988).

A 1985 study examined the association between spontaneous abortion prior to a first birth and the risk of breast cancer among 3,315 Connecticut women who gave birth between 1946 and 1965. Among women who experienced one childbirth, a prior miscarriage was associated with a 3.5-fold increase in the risk of breast cancer. While the study concluded that an abortion prior to the first live birth may increase a woman's risk of breast cancer, it examined only spontaneous abortion. Among the questions left open to speculation was whether a hormonal imbalance may have resulted in both the spontaneous abortion and the onset of cancer (Hadjimichael et al., 1986).

A 1981 study of women in Los Angeles County looked at both oral contraceptive use and early abortion as risk factors (Pike et al., 1981). The cohort consisted of 163 women diagnosed with breast cancer between 1972 and 1978. All of the women were aged 32 or younger at the time of diagnosis. The study found that a first-trimester abortion, whether spontaneous or induced, before first full-term pregnancy appeared to cause a relative risk of 2.4 for subsequent development of breast cancer. The extremely small cohort

size and the age restriction of the methodology rendered the results inconclusive.

Risk Factors for Breast Cancer are Varied

In addition to the reproductive factors that affect a woman's risk of developing breast cancer, a wide variety of other considerations have been the subject of continued research by epidemiologists. Of particular concern are factors related to genetics, nutrition (especially dietary fat intake), age, and the environment (exposure to carcinogens) (Jones, 1990).

A family history of breast cancer is reported to increase a woman's risk of developing the disease twofold to threefold (Jones, 1990). In one study (Sattin et al., 1989), women with a first-degree relative (a mother or sister) with breast cancer had a relative risk 2.3 times that of women without a family history of breast cancer. For women with both an affected mother and sister, the relative risk was 14.

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Of potential carcinogenic significance is the finding that environmentally derived chemicals are secreted into the breast fluid and concentrated by the alveolar ductal system. For example, five minutes after a woman smokes a cigarette, nicotine appears in her breast secretion. Although smoking has not been linked to breast cancer, the finding shows that almost anything to which a woman is exposed may appear in her breast fluid (Jones, 1990).

Nutritional considerations have focused on dietary fat, with the exception of monosaturated fat such as olive oil. While Asian women show a lower incidence of breast cancer than women in western countries, women who move from areas of low to high incidence, such as Japanese women moving to Hawaii, show a slow but definite increase in breast cancer over successive generations (Wynder & Rose, 1984). Other research has investigated certain metabolic conversions that are affected by total body weight (Deslepeyre et al., 1985).

Some studies have found that alcohol consumption may be implicated in breast cancer risk, and that the risk may increase in women who consume greater than three drinks of alcohol per week (Hiatt et al., 1984; Willett et al, 1987; Schatzkin et al., 1987).

Planned Parenthood Promotes Women's Health

As the nation's largest provider of reproductive health services, Planned Parenthood is concerned above all with women's health and the risk factors for reproductive health problems. PPFA health centers adhere to strict, nationwide medical standards. Screening and management of breast conditions are integral components of Planned Parenthood services. All clinicians providing routine reproductive health services perform breast examinations and instruct patients in breast self-examination. Breast exams are performed regularly as part of a patient's initial and annual examination, during an initial prenatal visit, and during other non-routine visits. In 1998, Planned Parenthood health centers provided 1,122,175 breast examinations.

Although most Planned Parenthood centers do not offer mammography, each affiliate must have a physician available who is able to evaluate patients identified with abnormal

breast findings who have been referred by clinicians, either on-site or by referral, and each affiliate maintains a list of radiologists and breast disease specialists to whom Planned Parenthood patients can be referred. All Planned Parenthood health centers also provide abortion counseling and referral for or provision of abortion services m in 1998, Planned Parenthood provided 167,928 abortions nationwide.

The Planned Parenthood Position is That Abortion Poses no Demonstrated Health Risks

The link between induced abortion and breast cancer is a theory whose principal promoters oppose abortion regardless of its safety. The theory has not been borne out by research. While Planned Parenthood believes that women should have access to information about all factors that influence the risk of disease, PPFA also believes that women deserve information that is medically substantiated and untainted by a political agenda. Because the research community has not reached a consensus on breast cancer and abortion, Planned Parenthood advises women who are considering terminating a pregnancy that there is no currently

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demonstrated health risk from abortion that would warrant basing a decision on that factor alone.

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Media Contacts
New York:212/261-4660
Washington, DC: 202/785-3351

Public Policy Contact
Washington, DC: 202/785-3351

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plannedparenthood dot org

Choosing Abortion -Questions and Answers

Index

- What is abortion?
- Who chooses abortion?
- Can anyone help me decide if abortion is right for me?
- Does my partner or a parent need to know?
- When are abortions performed?
- Does getting an abortion .hurt?
- Can an embryo or fetus feel pain?
- How will I feel after an abortion?
- What about future pregnancies?
- Does abortion cause breast cancer?

Related Links:

Medical Abortion: Questions and Answers
Surgical Abortion: Questions and Answers

For medical questions, or to schedule an'appointment with the nearest Planned Parenthood center, call toll-free **1-800-230-PLAN.**

For more information, please read our Frequently Asked Questions.

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piannedparenthood dot org

Choosing Abortion - Questions and Answers

Page 3

Does getting an abortion hurt?
Some kind of painkiller is used in all abortions. Most women feel cramps. You may have cramps during and after an early surgical abortion. You will feel strong cramps with medical abortion.

Can an embryo or fetus feel pain?
Almost all abortions are performed before the capacity to feel pain develops.

How will I feel after an abortion?
Most women feel relief. Sudden hormonal changes after abortion can make you feel anger, regret, guilt, or sadness for a little while.

Some people who oppose women's right to make their own decisions claim that abortion often causes long-lasting emotional problems, or "post-abortion syndrome." There is no scientific proof for these assertions.

Serious, long-term emotional problems after abortion are extremely rare and less common than they are after childbirth. Such problems are more likely if

- the pregnancy was wanted but the health of the fetus or the woman was jeopardized
- having an abortion is related to serious problems in a relationship or other disturbing life events

- a woman already has emotional problems

If you need to talk with someone after an abortion, abortion providers can offer follow-up counseling or refer you to a counselor.

What about future pregnancies?
Will an early abortion affect my ability to have a child?

No. Safe, uncomplicated, legal abortion should not affect fertility.

Does an early abortion make miscarriage more likely?
No.

Does an early abortion make ectopic, or tubal, pregnancy more likely?

[000035]

Not unless an infection occurs. Sexually transmitted infections can cause ectopic pregnancies. Infection occurs in only one out of 100 first-trimester abortions.

Does an early abortion cause premature birth in future pregnancies ?
NO.

Does an early abortion cause birth defects in future pregnancies?
NO.

Does an early abortion lead to low infant birth weight in the future ?
NO.

Does an early abortion, increase the chance of infant death in the future?
NO.

Does having several abortions affect future pregnancies?
No. Abortions do not make it harder to carry a pregnancy to term.

Does abortion cause breast cancer?
No. But abortion does not offer the same protection against breast cancer as a full term pregnancy.

Warning

Hundreds of so-called "crisis pregnancy centers" scare women about abortion. They lie about the medical and emotional effects of abortion. Most often, they give pregnancy tests without professional medical supervision. And they discourage sexually active women from using the most common and effective methods of birth control.

If you think you are pregnant, contact Planned Parenthood at 1-800-230-PLAN, another women's health center, or your private clinician. Or call the National Abortion Federation at 1-800-772-9100.

Order brochures online at the Planned Parenthood bookstore.

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For medical questions, or to schedule an appointment with the nearest Planned Parenthood center, call toll-free 1-800-230-PLAN.

For more information, please read our E(equent!y Asl~ed Questions.

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Abortion Info: Q&A: Future Preganancies

What about future pregnancies?

- ***Will an early abortion affect my ability to have a child?***
  No. Safe, uncomplicated, legal abortion should not affect fertility.

- ***Does an early abortion make miscarriage more likely in future pregnancies ?***
  No.

- ***Does an early abortion make ectopic pregnancy more likely in the future?***
  Not unless infection occurs after an abortion. Ectopic pregnancies usually result from sexually transmitted infections. Infection occurs in only one out of 100 first-trimester abortions.

- ***Does an early abortion cause premature birth in future pregnancies?***
  No.

- ***Does an early abortfon cause birth defects in future pregnancies ?***
  No.

- ***Does an early abortion lead to low infant birthweight in the future?***
  No.

- ***Does an early abortion increase the chance of infant death in the future?***
  No.

- ***Does having several abortions affect future pregnancies?*** Early abortions done by experienced clinicians that are not followed by complications like infection do not cause infertility. Neither do they make it more difficult to carry a later pregnancy to term. It is unclear whether several abortions in later pregnancy result in a greater risk of miscarriage or premature birth.

- ***Does abortion cause breast cancer?***

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No, but abortion does not offer the protection against breast cancer that having several full-term pregnancies does.

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2002 PPFA AFFILIATE EXCELLENCE AWARDS CRITERIA

Board Development

Clinical Service Expansion and Outreach
Clinical and Social Research
Clinical Training
Community Education
Shannon Lowney/Lee Ann Nichols Award for Innovative Medical Services
Ruth Mott Rawlings Mott Award for International Excellence (a $10,000 award)
Winston E. Forrest Jr. Award for Excellence in Private Fundraising
Marketing, Media, and Public Relations
Professional Education and Training
Public Affairs
Special Efforts Serving Teens
Volunteer Excellence
*Achievements in Diversity
*Winner chosen from among the regional PePe Award winners. The Achievements in Diversity Award will be presented with the Affiliate Excellence Awards at the annual conference.

BOARD DEVELOPMENT

- 100 percent of board making financial contribution and participates in fundraising [mandatory].
- Active Nominating Committee is guided by model bylaws and procedures to ensure a multi-skilled and broadly representative board membership.
- All board members participate in formal orientation and ongoing training programs.
- The board has clarity of role and function: board job descriptions clearly delineate board roles and differentiate between governance/policy determination and management (CEO function).

- The board is future-oriented: a majority of its time is spent developing a vision of the organization; setting the organization's direction, goals, objectives, strategies, and priorities; and stabilizing policies to guide the operation of the agency.
- Leadership is shared among members according to abilities; decision-making is participative.
- Board diversity is representative of the civilian labor force.
- Board members participate at regional and national levels.
- All board members actively participate in public affairs. (Prepared by: PPFA Affiliate Services Division)

CLINICAL AND SOCIAL RESEARCH

- Initiation and/or participation in scientific research [mandatory].

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- Research with recognized widespread impact on clinical practice or program services.
- Innovative research that helps define the health desires and needs of women (i.e., qualitative research involving focus groups and/or other interview techniques).
- Behavior-related research, leading to notable changes in individual health practices (contraceptive, sexual, health care seeking).
- Publication of original research in a peer review journal.

- Extensive involvement in multicenter research in any of the above research categories. (Prepared by: PPFA Medical Affairs Division)

CLINICAL SERVICE EXPANSION AND OUTREACH

- Affiliate offers core services, complementary services, and community outreach.
- The expansion meets expressed community needs.
- A business plan and a marketing strategy are developed.
- The expansion increases affiliate's ability to attract new and maintain existing clients.
- The affiliate meets or exceeds PPFA medical standards and quality assurance standards. (Prepared by: PPFA Medical Affairs Division)

CLINICAL TRAINING

- Offers and/or has expanded ongoing reproductive health training for medical students, residents, and other clinicians [mandatory].
- Offers at least one annual continuing medical education training for affiliate clinical staff [mandatory].
- Offers continuing medical education training for non-affiliate clinicians.
- Efforts to increase abortion providers through pelvic ultrasound training, MVA training, surgical abortion training, and/or medical abortion training. (Prepared by: PPFA Medical Affairs Division)

COMMUNITY EDUCATION

- Program reaches new and diverse populations.
- Employs effective evaluation strategies to measure outcomes and impact.
- Innovative program design.
- Development and replicability of materials, curricula, audiovisuals, etc.
- Percentage of budget allocated to education exceeds Planned Parenthood national average of 6.5 percent.
- Credentials/accomplishments and stability of staff.
- Significant educational resources available to the community:Web site, hotline, etc. (Prepared by: PPFA Education Department)

FUNDRAISING

The affiliate should have a fundraising plan that is developed cooperatively by staff and board, and monitored and evaluated on a regular schedule. The plan should include a schedule for mailings to prospective donors and current donors, a program for volunteer cultivation of donors, personal solicitation of donors and cultivation events, a program to seek foundation and corporate support, and a bequest and planned giving program in place or in the planning stage.

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- Board and staff should demonstrate collaborative efforts and joint commitment to developing community support of the highest order.
- The fundraising program should show an annual increase in support from the community in both funds and numbers of donors.
- The plan and the progress made toward meeting its objectives should be monitored and evaluated annually.

- Board contributions should reflect 100 percent participation with gifts at whatever level is commensurate with ability to contribute. (Prepared by: PPFA Development Division)

PROFESSIONAL EDUCATION AND TRAINING

- Programs demonstrate growth and reach new and diverse audiences.
- Effective evaluation strategies to measure effects of content and presentation (did programs accomplish what they set out to do?)
- Training meets needs of participants in areas not well covered by other programs.
- Programs are developed in collaboration with other agencies and/or departments within the affiliate.
- Income is derived from fees-for-service and grants.
- Creativity.
- Development and replicability of materials (printed lesson plan/curriculum/program and materials such as handouts, overheads, and videos.) (Prepared by: PPFA Education Department and PPFA Medical Affairs Division)

RUTH MOTT RAWLINGS MOTT AWARD FOR INTERNATIONAL EXCELLENCE

- Appointment of an international advocate and an active and operating International Affairs Committee of the board of directors [mandatory].
- Significant public affairs involvement re: support for international family planning programs (e.g., overturn of restrictive policies, increased U.S. government funding for international family planning) [mandatory].

- Public education about conditions in developing nations, need for family planning, successful family planning programs, etc. [mandatory].
- Ongoing contact with elected representatives to alert them to international family planning issues and to request their support [mandatory].
- Record of hosting and/or providing speakers at a conference on international family planning.
- "Sister" relationship with an FPIA project and/or maintaining regular communication with an overseas family planning program.
- Direct provision of funds and/or technical assistance to a family planning program overseas.
- Role as host to a foreign visitor.
- Regular publication of international family planning/world population and related stories in affiliate newsletter.
- Notification of volunteers in a timely fashion regarding international issues pending before Congress.
- Traditional and nontraditional coalition building with organizations to work on international family planning, public policy and funding issues.
- Leadership position in coalition activities with environmental, international relief and other international organizations.
- Sponsorship of/participation in community forums or events that

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contribute to the community's understanding of the global implications of family planning and reproductive rights. (Prepared by FPIA/PPFA and PPFA Public Policy Division)

MARKETING, MEDIA, AND PUBLIC RELATIONS

- Innovation in devising and implementing grassroots public relations and marketing projects that reached out to the community and/or enhanced the image of Planned Parenthood.
- Initiatives in long-term marketing and public relations planning, goal setting, and strategy development.
- Demonstrated progress in developing relationships with the print and broadcast media.
- Effective promotion of specific Planned Parenthood programs or initiatives.
- Initiative that positions Planned Parenthood as the leading provider of reproductive health care in the community.
- Publicity efforts that successfully confronted negative opposition publicity.
- Successful marketing effort that results from innovative planning with limited resources.
- Marketing effort that results in increased number of clients. (Prepared by PPFA Marketing Division and PPFA Public Policy Division)

SHANNON LOWNEY / LEE ANN NICHOLS AWARD FOR INNOVATIVE MEDICAL SERVICES

- Improved medical service(s) that have been optimized and reflect a higher quality of care [mandatory].
- Created and developed new and innovative medical services [mandatory]. e.g.: Primary care, domestic violence screening, rape crisis care, services for men, couple's contraceptive services.
- At least one annual continuing education experience in family planning, reproductive health care, or other women's health areas.

- Effective QA program.
- Innovative use of technology (Prepared by: PPFA Medical Affairs Division)

PUBLIC AFFAIRS

Outreach and Grassroots Organizing

Demonstrated superior outreach to the public as evidenced in:

- o Community/political experts serving on affiliate public affairs committee
- o Effective mobilization of staff, clients, and volunteers for community action
- o Development of programs to raise awareness of issues in the community
- o An active and operating alert network or other method for rapidly disseminating legislative information
- o Perception of the affiliate as a clearinghouse for legislative and issue-related information
- o Newsletters or action alerts to affiliate advocates and donors
- o Outreach or efforts to organize constituencies in non-turf areas

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- o Ongoing relationship with members of the media resulting in coverage that effectively represents Planned Parenthood

Legislative

Leadership position in responding to state and national legislation by:

- o Maintaining a lobbying program and communicating with members of the state legislature
- o Functioning as a resource for state legislative information
- o Initiating at least one visit with members of Congress and each state legislator to lobby on our issues
- o Initiating letter writing, petition, or postcard campaigns to members of Congress
- o Offering a clinic tour for each new member of Congress and for those members who have not toured within the past five years o Honoring a pro-choice elected official in the past 12 months o Running public education campaigns promoting its position on legislative proposals

Partnership

The affiliate works with organizations and individuals to reach its goals by:

- o Being a member of or taking a leadership position in state and local choice coalitions
- o Creating or strengthening state or local "For Choice" or advocacy groups including clergy, physicians, lawyers, students, etc.
- o Establishing ad hoc groups to address pressing issues on an interim basis

- o Facilitating staff representation on local and state task forces and committees on issues pertaining to reproductive health, including health care reform, sexuality education, teen pregnancy prevention, etc.

Other

Projects above and beyond those of other affiliates including:

- o Voter registration, education, or get-out-the-vote campaigns
- o Other permissible electoral activities, such as holding forums or debates for candidates
- o Statewide events for advocates
- o Meetings with editorial boards of local newspapers about Planned Parenthood issues (Prepared by: PPFA Public Policy Division)

SPECIAL EFFORTS SERVING TEENS

- Developed innovative clinical or educational programs to meet the needs of adolescents (mandatory).
- Significant expansion of teen patient load (mandatory).
- Produced significant or promising results in reducing unintended adolescent pregnancy.
- Identified growing teen populations within the community that might be under-served or have unique customer service needs (e.g. gay, English as a second language), and implemented a plan to meet their needs.
- Demonstrated significant strides in working with adolescent males.

[000044]

- Achieved significant increase in clinical services to teens of color.
- Developed a successful model of providing comprehensive services for teens through collaborative efforts.
- Conducted substantial research in the area of adolescent sexual behavior.
- Developed successful media/marketing campaign targeted to youth.
- Creative use of young people in educational or clinical programs. (Prepared by: PPFA Teenwire dept., Education dept.)

VOLUNTEER EXCELLENCE

- The affiliate must have an organized volunteer program as evidenced by formal lists, a support structure, and regular assessment. (mandatory)
- The affiliate must include the volunteer program in overall planning and supporting the affiliate's mission. (mandatory)
- The affiliate must have developed measurable outcomes for its volunteer programs.
- The affiliate must have a formal recognition program for volunteers. (mandatory)
- The Volunteer Program must have developed appropriate diversity, including youth, cultural, and ethnic diversity; recruitment from and collaborations with non-traditional partners. (mandatory)
- The affiliate annual financial report measures in-kind contributions of volunteers.
- The Volunteer Program includes retention elements (average age of volunteers, length of service)

(Prepared by: PPFA Task Force on Volunteers in the New Millennium)

[000045]

plannedparenthooddotorg

Positions with Planned Parenthood Affiliates

Position Title: Medical Director
Agency: Planned Parenthood Association of the Mercer Area
Location: Trenton, NJ area
Status: 6-8 hours/week
Salary: Comensurate with experience
Posted: October 12, 2001

Description:
The Medical Director is responsible for providing medical leadership to this affiliate's Patient Services department and for developing and implementing medical protocols that are consistent with PPFA medical standards and all federal and state regulations. This position is also responsible for representing PPAMA in the medical community and providing other departments at the affiliate with medical background and leadership.

Qualifications:
Interested candidates must be an OB/GYN or family practice physician licensed to practice medicine in N J, with training and experience in routine gynecology, family planning, colposcopy, mid-life services and first trimester abortions. Board Certified candidates are preferred. Candidates should also be experienced in medical administration, have excellent communication skills andbe prepared to provide medical in-service education. Understanding of and strong personal

commitment to the philosophy of Planned parenthood is essential.

Send or fax resume, cover letter, and salary requirements to:
Executive Director
Planned Parenthood Association of the Mercer Area 437 East State Street trenton, NJ 08608
FAX: 609-989-4846

[000047]

Positions with Planned Parenthood Federation of America

Position Title: Clinical Services Manager **Division/Dept**: Medical Affairs
Reports to: Director of Clinical Affairs Location: NY
Grade: G Exempt
Salary: Commensurate with Experience
Posted: October 19, 2001

Purpose
Provides advice and guidance to PPFA affiliates, other national office divisions, consumers, the media, and professional colleagues to develop and support high quality medical standards and services. Assists with affiliate medical quality assurance, research projects, medical education, and the development of Medical Standards and Guidelines.

Duties and Responsibilities

- Develops, revises and updates PPFA Medical Standards and Guidelines to ensure affiliate providers have appropriate practice standards.
- Responds to affiliate and other Federation inquiries regarding PPFA standards and other medical issues.

- With the assistance of the Director of Clinical Affairs, develops subcommittee agendas for the National Medical Committee; prepares documentation needed for committee members; and performs or coordinates follow-up activities to ensure committee has access to necessary materials and information to conduct deliberations. Ensures decisions are communicated to appropriate parties.
- Represents the Medical Division on interdivisional and Federation-wide medical services projects to ensure PPFA and affiliates establish and meet high and consistent standards for emerging medical services.
- Assists the Medical Director and/or Director of Clinical Affairs in the development of clinical educational programs and materials, such as the Medical Digest and audio-conferences.
- Responds to affiliate requests for approvals of services, research, and waivers.

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- Serves as PPFA liaison with other health care and advocacy organizations.
- Completes additional duties as required.
- Performs administrative oversight of affiliate research approval process, providing guidance to the Medical Data Manager as needed. Reviews project proposals and provides technical assistance to affiliates in the area of research.
- Participates in and/or coordinates special research projects as assigned.

Position Scope

Responsible for meeting assigned objectives and contributing to the development of departmental work objectives.

Evaluates and recommends changes in programs or activities to improve them.

Problem Solving
Responds to problems or challenges that affect the ability of department to meet assigned goals and objectives. Must research, analyze and integrate information from various sources to determine solution. Decisions affect Medical Affairs, and affiliates' clinical programs and operations effectiveness, as well as interactions with other departments, divisions, affiliates, offices and external partners.

Knowledge
Job duties require comprehensive knowledge of profession obtained through formal educatidn and substantial work experience. Oversees work of vendors, consultants or outside contractors and processes to assure department objectives are met.

Fiscal Responsibility
Responsible for making routine, relatively low-cost expenditures (such as publications and other ro.sotlrces) with prior npproval from stlpervisor or dut)artlllont lioad.

Contacts
Regularly interacts with managers in other departments/divisions/affiliates to integrate work activities and products. Performance assures Medical Affairs division's goals are met. Develops and maintains a network of professional contacts to advance the image and/or operational well-being of department and PPFA Seek: new contacts to expand PPFA's sphere of influence in relation to the department and its programs. Identifies opportunities to

expand program activities, develop work products, and build professional relationships that demonstrate

[000049]

and enhance PPFA's commitment to diversity.

Supervision
No supervisory responsibility, but oversees work of vendors, consultants or outside contractors to assure work meets deadlines and quality standards.

Position Requirements
Education RN, Certified Nurse Practitioner, Certified Nurse Mid-wife, or Physician Assistant (Women's Health or OB/GYN) is required.

Experience: Five to seven years of directly related, progressively responsible professional experience in a clinical environment required with experience in project management. PPFA affiliate experience preferred.

Related Skills or Knowledge: Knowledge of PPFA and affiliate services is desirable. Extensive knowledge/background in health care and health care delivery systems, and reproductive health issues. Excellent interpersonal and oral and written communication skills, including technical (medical) and professional correspondence writing skills. Good critical thinking, problem-solving, research, teamwork, and collaboration skills. Computer literacy including word processing and Internet research skills. Ability to handle multiple tasks simultaneously and be flexible.

Other Requirements: Knowledge of diverse groups, working with a multicultural workforce and sensitivity and appreciation to cultural differences is required.

EXHIBIT 11

[000001]

Behind every choice is a story . . .
1999-2000 Annual Report

A friend told me about Planned Parenthood. Having had health care coverage through my previous jobs, I always thought that I wouldn't be eligible for these services. I checked the Web site, and read about the services and education offered by Planned Parenthood. I was quite impressed. I went without an appointment. I saw women of all races and economic groups. Everyone was treated with respect and attended to quickly. The nurse who saw me was incredible. She explained everything about my pelvic exam in great detail. She was probably the best practitioner I've ever had. — L.B.

PLANNED PARENTHOOD FEDERATION OF AMERICAN, INC.

[000002]

OF REPRODUCTIVE HEALTH CARE
Affiliate Service Summary

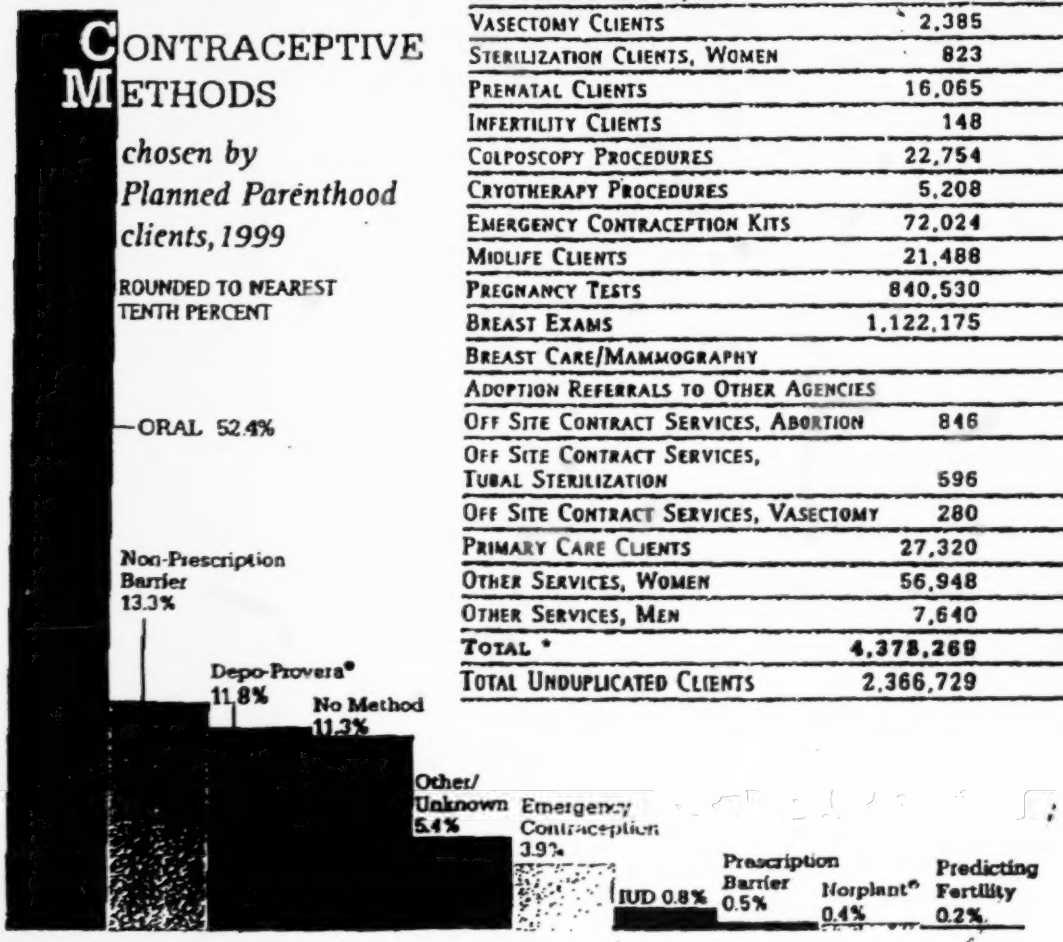
See Foldout Exhibit

Affiliate Service Summary

CONTRACEPTIVE METHODS

chosen by Planned Parenthood clients, 1999

ROUNDED TO NEAREST TENTH PERCENT



	1998	1999	% change	referred out ('98)	referred out ('99)
CONTRACEPTIVE CLIENTS, WOMEN	1,848,106	1,883,374	1.9 %		
CONTRACEPTIVE CLIENTS, MEN	28,054	38,632	37.7 %		
ABORTION PROCEDURES	168,509	182,854	8.5 %		
HIV TESTING CLIENTS, WOMEN	108,569	152,596	40.6 %		
HIV TESTING CLIENTS, MEN	27,801	30,928	11.2 %		
VASECTOMY CLIENTS	2,385	2,445	2.5 %	1,379	790
STERILIZATION CLIENTS, WOMEN	823	902	9.6 %	2,785	2,405
PRENATAL CLIENTS	16,065	19,281	20.0 %		
INFERTILITY CLIENTS	148	516	248.6 %		
COLPOSCOPY PROCEDURES	22,754	29,019	27.5 %		
CRYOTHERAPY PROCEDURES	5,208	5,869	12.7 %		
EMERGENCY CONTRACEPTION KITS	72,024	112,807	56.6 %		
MIDLIFE CLIENTS	21,488	21,086	(1.9)%		
PREGNANCY TESTS	840,530	1,035,486	23.2 %		
BREAST EXAMS	1,122,175	1,100,901	(1.9)%		
BREAST CARE/MAMMOGRAPHY				DATA NOT COLLECTED	9,382
ADOPTION REFERRALS TO OTHER AGENCIES				4,892	2,999
OFF SITE CONTRACT SERVICES, ABORTION	846	166	(80.4)%		
OFF SITE CONTRACT SERVICES, TUBAL STERILIZATION	596	427	(28.4)%		
OFF SITE CONTRACT SERVICES, VASECTOMY	280	75	(73.2)%		
PRIMARY CARE CLIENTS	27,320	20,136	(26.3)%		
OTHER SERVICES, WOMEN	56,948	66,052	16.0 %		
OTHER SERVICES, MEN	7,640	9,229	20.8 %		
TOTAL *	4,378,269	4,712,781	7.6 %	9,056	15,576
TOTAL UNDUPLICATED CLIENTS	2,366,729	2,600,956	9.9 %		

*Y clients received multiple services, they are counted in each service
NOTE: Some affiliates have made corrections to their 1998 reports and not all numbers will match last year's report.

000002

[000003]

PLANNED PARENTHOOD FEDERATION OF AMERICA

responsible choices® in action. . .

1998-99 ANNUAL REPORT

[000004]

See Foldout Exhibit

Affiliate Service Summary

SUMMARY

	1997	1998	% CHANGE	REFERRED OUT, 1997	REFERRED OUT, 1998
CONTRACEPTIVE CLIENTS, WOMEN	1,873,327	1,848,106	(1.3)		
CONTRACEPTIVE CLIENTS, MEN	25,053	28,054	12.0		
ABORTION PROCEDURES	165,174	167,928	1.6	47,550	36,870
HIV TESTING CLIENTS, WOMEN	92,199	108,569	17.7		
HIV TESTING CLIENTS, MEN	32,266	27,801	(13.8)		
VASECTOMY CLIENTS	2,474	2,385	(3.6)	5,715	1,379
FEMALE STERILIZATION CLIENTS	721	823	14.1	8,994	2,785
PRENATAL CLIENTS	17,246	16,065	(6.8)	80,115	67,052
COLPOSCOPY PROCEDURES	21,340	22,754	6.6		
CRYOTHERAPY PROCEDURES	5,167	5,208	0.8		
EMERGENCY CONTRACEPTION CLIENTS	39,245	72,024	83.5		
MIDLIFE CLIENTS	23,060	21,488	(6.8)		
PREGNANCY TEST PROCEDURES	674,399	678,988	0.7		
PREGNANCY TEST & PELVIC EXAM PROCEDURES	158,594	161,542	1.9		
ADOPTION REFERRALS TO OTHER AGENCIES				9,381	4,892
PRIMARY CARE CLIENTS	24,064	27,320	13.5		
OTHER SERVICES				114,410	106,019
OTHER SERVICES, WOMEN	102,461	57,096	(44.3)		
OTHER SERVICES, MEN	26,172	7,640	(70.8)		
TOTAL*	3,284,981	3,253,791	(0.9)	273,232	220,358
TOTAL UNDUPLICATED CLIENTS	2,330,065	2,364,854	1.5		

*IF CLIENTS RECEIVED MULTIPLE SERVICES, THEY ARE COUNTED IN EACH SERVICE.

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[000005]

Planned Parenthood®

PRESS RELEASE

FOR IMMEDIATE RELEASE
February 9, 1998

CONTACT: Adina Wingate-Quijada - 520/620-0880

Planned Parenthood Federation of America Announces Disaffiliation of Planned Parenthood of Hawaii

Planned Parenthood Federation of America (PPFA) President Gloria Feldt today announced the decision of the PPFA Board of Directors to disaffiliate Planned Parenthood of Hawaii, Inc.

"Disaffiliation always is taken very seriously and, according to our records, has happened only twice in this organization's 80-year history. In this case, it means that, after years of tireless attempts to remedy serious financial and administrative issues, Planned Parenthood of Hawaii has failed to meet the standards of affiliation and we must sever our relationship," said Ms. Feldt.

"The standards of affiliation are established by the affiliate membership of the federation for the protection of our clients and our affiliates, and the integrity of the Planned Parenthood service mark. These standards have helped establish Planned Parenthood's reputation as the most trusted name in women's health," Ms. Feldt said.

Planned Parenthood of Hawaii, a locally governed statewide organization that operates three clinics on Oahu, Maui, and

the Big Island, was notified today about the decision made by the PPFA Board of Directors at its meeting February 7.

The decision to sever ties with the affiliate in Hawaii ended a three-year peer review process initiated by PPFA in 1995, when the affiliate failed to meet financial and governance standards during its regularly-scheduled accreditation review. Each of the 137 Planned Parenthood health care organizations, which operate 900 local health care centers nationwide, undergoes accreditation review every four years.

"We will work directly and diligently with the Planned Parenthood of Hawaii staff and board members to complete the disaffiliation by March 1998," Ms. Feldt added.

"Planned Parenthood is committed to serving the people of Hawaii. We will actively explore and pursue every avenue to continue providing family planning and reproductive health care services that are wanted and needed by the thousands of women, men, teens, and families of Hawaii who have relied on us in the past," said Ms. Feldt.

"The public trust given to Planned Parenthood by our patients and supporters in Hawaii calls for nothing **[000006]** less," Ms. Feldt added.

PPFA Press Release listing

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[000007]

LexisNexis

The Associated Press State & Local Wire

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June 12, 2001, Tuesday, BC cycle

SECTION: State and Regional

LENGTH: 155 words

HEADLINE: Family Planning Centers hope to become Planned Parenthood, again

DATELINE: HONOLULU

BODY:
Family Planning Centers of Hawaii may become **Planned Parenthood** of Hawaii once again.

The Planned Parenthood Federation of America accreditation committee will hear a recommendation to reinstate the Hawaii organization, which lost its affiliation three years ago. Family Planning Centers said it lost accreditation because it didn't want to be governed by a mainland group.

The national group said the Hawaii affiliate was not maintaining accreditation standards, bringing into question financial and administrative issues.

The two groups have sinceresolved their differences.

Barry Raft, the executive director of the Family Planning Centers, said being cut loose from the national organization "gave us a chance to refocus. The organization grew and strengthened."

But he's hoping to become a part of Planned Parenthood again.

"It will put the strength of a national organization behind us," Raft said.

LOAD-DATE: June 13, 2001

[000008-000009]

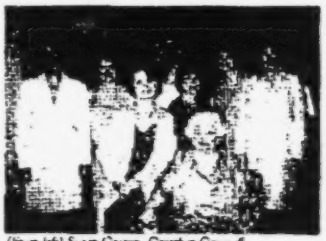
Planned Parenthood FACTS
See Foldout Exhibit

Planned Parenthood of North Texas, Inc.

FACTS

FIRST ANNUAL FORT WORTH LUNCHEON IS A SOLD OUT SUCCESS

The Colonial Country Club was the site for Planned Parenthood's first Fort Worth annual luncheon on Thursday, April 26th. Over 260 people were on hand at this sold out event to hear Liz Carpenter reminisce and discuss her latest book *Start With A Laugh: An Insider's Guide to Roasts, Toasts, Eulogies, and Other Speeches*. Ms. Carpenter kept her audience highly entertained with anecdotes and memories based on her long career in government and politics and proved that she is, indeed, a Texas legend and a rare treasure.



(From left) Susan Gaston, Gretchen Crowell, Jane Conner, Jill Davis, Sue Catterton, Liz Carpenter (consult), Carol Hendrix and Nikki Hatley

Gross revenues for the luncheon were close to $50,000 for Planned Parenthood of North Texas, an impressive first year showing. Credit for the success of this event goes to Jane Conner, luncheon Chair and Board Member, who worked tirelessly to coordinate the luncheon and seek support from the Fort Worth community. Assisting Jane in this effort were committee members Carol Hendrix, Susan Gaston, Nikki Hatley, Sue Catterton, Gretchen Crowell, Jill Davis and Paul Williams. Thanks are also in order to Melinda Bronstad of Show Plants and Flowers, who donated the lovely floral arrangements for the tables, and to Rhonda Hole, who volunteered her photography services for coverage of the luncheon.

Even as a successful first year effort concludes, plans are being made for next year, so watch the newsletter for the announcement of next year's luncheon date and speaker.

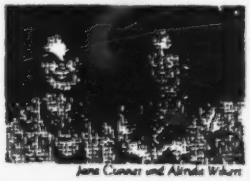
PPNT looks forward to seeing you there!

BLUE MESA

The Blue Mesa Grill in Fort Worth is hosting a wrap party in May to express appreciation for those who contributed money, time and effort toward the Fort Worth luncheon. Blue Mesa owners Liz and Jim Baron have graciously donated space in the restaurant, along with beverages and appetizers.

Liz Carpenter and Jane Conner

Carol Hendrix and Jim Rolenck

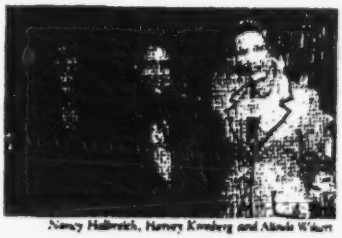


Jane Conner and Alinda Wikert

HALBREICH FAMILY HOSTS MAJOR DONOR RECEPTION

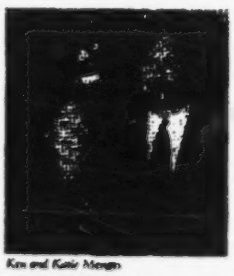
Planned Parenthood of North Texas thanked its current major donors during a reception held at the home of Nancy and Jeremy Halbreich on Thursday, April 19th.

Cecilia Boone, Board Chair, welcomed the group of 80 people, gave an update on agency programs and projects as well as introduced the evening's speaker, Harvey Kronberg. Mr. Kronberg is the editor of *The Quorum Report*, a non partisan newsletter focusing on Texas politics and government. Mr. Kronberg has been covering Texas politics since 1980 and has been called the Capitol's most astute observer. He spoke about our current legislative session and commented on the need for the passage of a Medicaid waiver for family planning in the state of Texas.



Nancy Halbreich, Harvey Kronberg and Alinda Wikert

Many thanks to the Halbreichs for their hospitality and for the use of their beautiful home. Thanks and appreciation also to Janie McGarr for her work in organizing and coordinating a lovely evening. And last, but certainly not least, a heartfelt thank you to all of Planned Parenthood's major donors, whose financial contributions and ongoing support allow us to thrive and grow.



Ken and Katie Mangin

Jill Davis and Janie McGarr

Karen Fearon and Jeremy Halbreich

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PPNT RECEIVES TOP HONORS WITH PPFA ACCREDITATION

PPNT recently went through the Planned Parenthood Federation of America accreditation review. This is a periodic appraisal of the affiliates' standards, policies and practices. The goal is to ensure that PP affiliates adhere to the standards that have been adopted by the membership and/or promulgated by the PPFA Board of Directors. This group seeks to ensure that PPFA's high degree of professional competency is maintained. The review is in-depth and very thorough.

The first part was an off-site survey of affiliate documents to determine adherence with Medical and Affiliation Standards. PPNT sent all affiliate documents in for review in February. The feedback was very complimentary and the affiliate was encouraged to share their protocols with other affiliates for use as model documents.

The second part was an on-site visit by a team of surveyors who reviewed additional documents, observed medical services, counseling sessions, surgical services and interviewed staff.

PPNT once again received full accreditation, which denotes full compliance with all standards, policies and requirements. Our accreditation was granted for a four-year period. The audit team was so impressed that they sought to recruit our Director of Medical Services to assist them periodically in future surveys of other affiliates.

The PPFA accreditation team was especially impressed with the leadership of Jim Roderick and the skills of the clinic staff. They also commented on the degree of professionalism that was apparent among PPNT staff and volunteers while hosting the national convention and the affiliate reception; they stated that it was the "best affiliate reception" they had ever attended.

We are proud of the quality of work that is done in our clinics on a day to day basis and pleased to have this acknowledged by PPFA.

2001 RELIGIOUS SYMPOSIUM HELD IN CONJUNCTION WITH PPFA NATIONAL CONFERENCE

Building upon the excitement of Planned Parenthood Federation of America's annual conference in Dallas, PPNT co-sponsored a half-day symposium for national and local faith community leaders on March 29. More than 75 people attended. The event, "Balancing Technology, Spirituality and Sexuality," provided an opportunity for clergy to explore this vital topic with colleagues and professionals from other disciplines.

A committee of local clergy leaders and Planned Parenthood staff organized the program, selecting topics most relevant to congregational work. Experts in the field led round table discussions. Areas explored included: integrating the impact of sexuality related technology with the spiritual needs of congregants, genetic forecasting, fetal development, issues around infertility treatment and access to information on the Internet.

The keynote speaker was Debra Haffner, nationally known as former President and CEO of the respected Sexuality Information and Education Council of the United States (SIECUS) and as creator of the National Commission on Adolescent Sexual Health and the author of the *Religious Declaration on Sexuality, Morality, Healing and Justice*. She is currently pursuing a divinity degree.

Debra Haffner, Keynote Speaker

Ms. Haffner emphasized the need for members of faith communities representing all viewpoints to search for common ground in order to affect change. She also wrote an opinion piece that appeared in *The Dallas Morning News*, thereby broadening the scope of her message.

The high level of enthusiasm in the room was evident as clergy participating in the round table discussions openly shared their experiences and areas of concern and responded to the information provided by the experts. Later, questions posed to the experts during a panel discussion triggered conversations that continued long after the session.

Response to the event was extremely positive. Clergy Advisory member Rabbi Ralph Mecklenburger, of Beth-El Congregation in Fort Worth, felt that the symposium was "well worth the drive over to Dallas. Dr. Jeffrey Bishop [medical ethicist, attorney and Episcopal clergyman] was particularly interesting and stimulating, and we made tentative plans to get together to see what other kinds of inter-faith discussions can continue."

Panel Members: Clive Kerner, John Hendricks, Jeffrey Bishop, Rev. David McFarlane and Moderator: Rev. Ken Fleishman

The Clergy Advisory supports the efforts of our Planned Parenthood affiliate to ensure access to reproductive health services and medically accurate sexual health related information for all North Texans. For further information, please contact Kathryn Allen or Jackie Bennett at (214) 363-2004.

Conference Attendees

CONSIDERABLE QUEST

[redacted] At PPNT, all bequests are [redacted] efforts that the donors who [redacted] organization, even after their deaths. [redacted] behalf of all of PPNT's future clients, thank you for thinking about the future and for making Planned Parenthood's work possible.

If you are interested in more information about bequests, please contact Joan Rouch at (214) 369-2004.

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[000010]

The PRO PAPER
Pro-Choice Pro-Family Pro-Active Pro-Children Pro-Health Pro-Women

The Newsletter of Planned Parenthood of Collier County Winter2001

Board of Directors

Polly Barton, JoAnn Boydston, Peggy DeFlavis, Marc Gertner, Dr. Gary Gilgore, Sharon Hanlon, Richard Koff, Sally Lam, Chuck Mohlke, Jane Perman, Nancy Reynolds, Renee Rosch-Lewis, Beverly Smith, Maureen Sullivan-Hartung, Isabel Collier Read (Honorary Member)

Executive Committee

Renee Rosch Lewis, Chair
JoAnn Boydston, Vice Chair
Maureen Sullivan-Hartung, Secretary
Nancy Reynolds, Treasurer

THE PERSONAL IS POLITICAL...
from our President and CEO, Char Wendel

All of us at Planned Parenthood of Collier County (PPCC) wish you a happy and healthy New Year and appreciate your ongoing commitment to affordable and accessible reproductive health care for all people in our county. At the Annual Meeting of our Board of Directors our board chair, Renee Rosch-Lewis, highlighted some of PPCC's accomplishments over the past year that were possible because of the continued support and commitment of the board, staff, and donors.

These accomplishments included developing and implementing a strategic plan to meet the continued need for services in our county, producing "Speak Up-Speak Out", our radio talk show by and for teens, being the recipient of the first American Association of University Women, Naples branch mission award for the organization that best exemplifies the mission of AAUW of "promoting equity for women and girls, life long education and positive societal change", receiving a glowing report from Planned Parenthood Federation of America's (PPFA) Accreditation Team, winning a computer from PPFA for our success in signing up so many people to participate in the *Responsible Choices Action Network,* surviving a biochemical terrorist anthrax threat, and providing family planning health care services to over 4000 women and girls throughout Collier County and educational outreach services to over 4500. Remember, we couldn't have done any of this without your friendship and support.

In addition to our accomplishments in Collier County, many dramatic steps have been taken on the National level in 2000 to ensure women access to the full-range of reproductive health care services and freedom from political intrusion. The Equal Employment Opportunity Commission (EEOC) issued a ruling that an employer's failure to cover prescription contraceptives in an employee health benefits plan that covered prescription medicines constituted unlawful sexual discrimination. The American Medical Association (AMA) expressed support of making emergency contraception available without a prescription. The Food and Drug Administration (FDA) approved the use and distribution of Mifepristone in the United States. Mifepristone, formerly known as RU-486, is an early medical abortion that has been available in Westem Europe since 1988.

Although as pro-choice people we had much to celebrate last

year as the New Year begins we must reaffirm our commitment to reproductive freedom and be vigilant in defending reproductive rights and health from very real threats. While we applaud President-elect Bush's first Cabinet appointment, Gen. Colin Powell who has been outspokenly pro-choice and an advocate of human rights, we must be *(continued on page 2)*

Confidentiality. . .
Is not only for our clients, it's also for our donors. PPCC has a long-standing policy of not identifying donors. The names of our donors are not shared, sold or rented to any other organization. We value your support and offer our respect.

[000011]

PPCC and Naples Flowers

Do you want to send that someone special flowers on Valentine's Day?

Surprise the loved ones in your life and have a portion of the proceeds benefit PPCC at the same time.

Naples Flowers and PPCC have joined together to make this Valentine's Day special for everyone.

Call Naples Flowers at 262-7011 to order your flowers for Valentine's Day and remember to tell them that you are a supporter of PPCC and Naples Flowers will donate a portion of the proceeds to PPCC. Go ahead and play Cupid.

PPCC's Display Booth at Subaru Memorial of Naples LPGA

PPCC is pleased to announce that we will be an exhibitor at the Subaru Memorial of Naples LPGA golf tournament held the 15th - 21st of January 2001.

We will have a tent with our information displayed during the weeklong tournament. Stop by and pickup some tees and ball markers with our logo on them and find out about some exciting new developments at PPCC.

about us
The PRO-PAPER is mailed to you to keep you informed of current issues, events and resources available through Planned Parenthood® of Collier County.

President and CEO
Charlene A. Wendel, M.Ed., J.D.

Medical Director
Wallace McLean, M.D.

Vice President of Patient Services
Alice Pinkham, A.R.N.P.

Vice President of Education
Jodi Bisogno, B.A.

Vice President of Public Affairs
Veronica DaSilva, M.S.

Vice President of Finance
Jeff Lawrence, B.S.

We welcome your ideas, contributions,

[000012]

A Tradition of Choice for 75 Years

Planned Parenthood® Federation of America, Inc.

1991 ANNUAL REPORT

[000013]

Continued its Campaign for New Birth Control by publicizing a report of the findings and recommendations from a series of eight conferences held in 1990 in cooperation with leading medical schools and several Planned Parenthood affiliates nationwide. The report, distributed to legislators, public policy makers, and activists, cited five major impediments to the development of new birth control: insufficient funding for research; a shortage of scientists in the field of reproductive biology; lengthy and expensive Food and Drug Administration (FDA) regulations and approval process; fears of product liability laws and the high cost of product liability insurance; and the impact of abortion politics on biomedical science and the pharmaceutical industry.

Provided ongoing professional training through the PPFA Nurse Practitioner Program in Philadelphia. In 1991, 35 professionals graduated from the program and an additional 20 new trainees enrolled. Additionally, the national office organized and cosponsored the 15th Annual Post-Graduate Seminar for Nurse Practitioners in Family Planning, attended by 550 professionals, and sponsored two courses in colposcopy for nurse practitioners.

Continued to monitor the escalating financial and regulatory problems affecting the cytology (Pap test) industry. Planned Parenthood affiliates serve as the nation's leading provider of Pap tests, which, in providing early warning of potential cervical cancer in women, are largely responsible for a 50 percent reduction in the incidence of fatal cervical cancer during the past two decades. Yet the continued availability of this diagnostic test to low-income women, is threatened by spiraling costs, a dwindling number of qualified laboratory professionals, and a burdensome regulatory environment.

Last year, the national office distributed to affiliates a report on the crisis.

Provided technical assistance and background information to other agencies, the medical community, and the media on existing fertility control methods and new options under development. Last year, PPFA directed special efforts to advocate for two new contraceptive-methods:

Norplant® an extremely effective five-year contraceptive implant for women, was approved by the FDA in 1990 and is now offered as a birth control option in 124 affiliates nationwide.

The "female condom," a new barrier contraceptive, helps protect against pregnancy as well as sexually transmitted diseases, including HIV infection. The female condom has been recommended for approval by an FDA committee and is expected to be approved in 1992.

Serving Affiliates

People know they can trust "Planned Parenthood to provide reproductive health services based on exacting, professional standards. PPFA establishes and monitors medical guidelines and protocols to maintain affiliates' outstanding reputation for high-quality **[000014]** medical care. In addition, PPFA's national office provides affiliates with information, technical support, and financial assistance to enhance the delivery of reproductive health care services.

1920s

Women who worked from dawn until night to support large families on meager incomes were typical of the clients of the early birth control clinics.

Last year, the national office:

Awarded a grant to Planned Parenthood of Minnesota (St. Paul) to develop a sell-study program to train nurse practitioners. Recognizing the urgent need for nurse practitioners who are trained to function in an expanded role, national office and affiliate staff worked with other health care experts to develop a curriculum for affiliate-based training. The growth in colposcopy/cryotherapy programs has resulted in a marked increase in the number of midlevel clinicians seeking and acquiring training as affiliate colposcopists.

Revised the PPFA *Manual of Medical Standards and Guidelines* and assisted affiliates in the development of individual protocols for a variety of services. Standardized protocols were approved for the provision of prenatal services and vasectomy, and other standardized protocols were updated. Spanish translations were completed for all new and revised patient fact sheets and consent forms.

Continued to increase awareness of Planned Parenthood career opportunities for health professionals through a national recruitment program, launched in 1990. Last year, through ads in publications for health professionals, a traveling job-fair display, and a toll-free telephone number, the campaign generated 2,163 referrals of clinicians, administrators, educators, and counselors to 156 Planned Parenthood affiliates.

Monitored 91 ongoing affiliate research projects and evaluated and approved 27 new projects. The latter study teen attitudes regarding sexuality and pregnancy, cigarette smoking and cervical disease, condom use, chlamydia testing, and other reproductive health issues.

As part of ongoing efforts to maintain and upgrade the quality of clinical services, conducted 10 quality assurance workshops, involving 500 staff and volunteers from affiliates nationwide; and published a quarterly newsletter on Planned Parenthood's national insurance program.

Administered a continuing purchase agreement with Ortho Pharmaceutical Corporation for oral contraceptives, which produces direct savings to affiliates and their clients of more than $12 million a year.

Responded to hundreds of affiliate requests for medical information and technical assistance. On an ongoing basis, the national office apprised affiliates of medical advances in contraceptive technology, voluntary surgical contraception, screening for breast and cervical cancers, sexually transmitted diseases, proposed federal regulations affecting affiliate delivery of health care, and other family planning and reproductive health concerns.

1965

Estelle Griswold, executive director of the Planned Parenthood League of Connecticut, and Cornelia Jahncke, president, celebrate the Supreme Court decision in Griswold v. Connecticut, *which established the right of married couples to use birth control.*

[000015]

Planned Parenthood® Federation of America

Annual Report
1994-1995

For 79 Years — Continuing the Legacy

[000016]

Mifepristone: Progress on a New Birth Control Option

American women came closer last year to gaining another option for early management of an unwanted pregnancy. Planned Parenthood continued to play a leadership role in efforts to bring mifepristone (the French abortion pill formerly known as RU-486) to the U.S., where it promises to add a new and heartening element to the abortion debate. As a therapeutic method for terminating early pregnancy, mifepristone is an alternative to surgical procedures for women who prefer greater privacy and personal control over the process.

Anti-abortion pressure and threats against mifepristone's French manufacturer, Roussel-Uclaf, stymied years or efforts to make the drug available in the U.S. The situation changed in May 1994, when in response to advocacy by women's health proponents such as PPFA and other organizations, Roussel-Uciaf donated its U.S. patent rights to the Population Council, a nonprofit research institution that conducted clinical trials last year.

Eight Planned Parenthood affiliates were among the selected clinical sites:

- Planned Parenlhood of San Diego and Riverside Counties (San Diego, CA)

- Planned Parenthood of the Rocky Mountains (Aurora, CO)
- Planned Parenthood of Greater Iowa (Des Moines)
- Planned Parenthood League of Massachusetts (Cambridge)
- Planned Parenthood of Central New Jersey (Shrewsbury)
- Planned Parenthood of Westchester and Rockland Counties (White Plains, NY)
- Planned Parenthood of Houston and Southeast Texas
- Planned Parenthood of Northern New England (Williston, VT)

The purpose of the trials, which involved volunteers over the age of 18 who were in the early weeks of pregnancy, was to determine the safety, efficacy, acceptability, and feasibility of using mifepristone and to gather data for submission to the U.S. Food and Drug Administration (FDA) as part of the approval process. The Population Council will facilitate FDA approval and locate a U.S. manufacturer.

The mifepristone regimen, which during the first six weeks of pregnancy is 96-99 percent effective, has already been used by more than 200,000 women in France, Sweden, and the United Kingdom. Mifepristone also has been found to be highly effective as on emergency postcoltal contraceptive, and other potential uses include treatment of breast and prostate cancer, meningiomo, Cushing's syndrome, glaucoma, and endometriosis.

resources offered by PPFA, in 1994-95 the national office published two new pamphlets — *Menopause: Another Change in Life; and Is Depo-Provera® for You? — as well as Facing the Facts,* a sexuality education video kit that captures a 1995 PPFA policy symposium on sexuality education.

Serving Affiliates

Planned Parenthood's national office establishes exacting medical standards and provides information and technical support in all areas of reproductive and sexual health care and their delivery.

In 1994-95, the national office:

- Revised the PPFA *Manual of Medical Standards,* which guides the provision of many affiliate clinical services. Planned Parenthood's more than 900 clinics nationwide provide services that are based on scrupulous medical standards of care, many of which are regarded as standards for the health care industry and used as models by other agencies.

  In 1994-95, as part of an ongoing process, PPFA's national office substantially revised or developed new standards for provision of the cervical cap, the contraceptive diaphragm, non-prescription barrier contraceptives, management of pelvic inflammatory disease, periodic health screening based on age and risk factors, and comprehensive family-practice services, among other services.

- Supported a nationwide, toll free appointment line, 800-230-PLAN, which automatically connects callers to their nearest Planned Parenthood center. The muting system also allows affiliates that share media markers to pool their advertising resources by listing only one convenient telephone number. Calls to the line, which was implemented in 1993, average 4,500 callers per month. In 1994-95, the option of adding a Spanish-language greeting was offered to affiliates that are located in areas with Latino populations. In July 1994, "The Montel Williams

Show," a popular daytime television talk show, proved the value of the toll-free service when it flashed Planned Parenthood's 800 number across the screen during an episode on teen pregnancy. The appearance of the number immediately generated 1,200 calls, six times more than on an average day. Planned Parenthood's 800 number has also appeared in major national women's magazines, such as *Sassy, Essence, Cosmopolitan, and New Woman,* and in the widely read "Dear Abby" syndicated advice column, providing millions of readers with fast, convenient access to Planned Parenthood services.

[000017]

Planned Parenthood
Annual Awards...

Each year, Planned Parenthood recognizes outstanding contributions made by individuals and organizations to the fields of sexual and reproductive health and reproductive rights by presenting several prestigious awards.

- THE PPFA MARGARET SANGER AWARD
  Planned Parenthood's highest honor, was presented in 1994 to Dr. Fred T. Sai, a public health physician from Ghana who has served since 1989 as president of the International Planned Parenthood Federation (IPPF). Dr. Sai co-founded the Planned Parenthood Association of Ghana and formed the Africa Region of IPPF nearly a quarter-century ago. In 1994, he served as conference chairman at the International Conference on Population and Development in Cairo.

- PPFA MAGGIE AWARDS, commending exceptional media coverage of reproductive health issues, were

presented in 1994 to: *The Nation* magazine; The *Concord Monitor; The Chicago Tribune;* Concentric Media, Home Box Office; KSBW-TV (Salinas, CA); and WBBR-AM Radio (New York, NY).

- THE RUTH GREEN AWARD honors a Planned Parenthood affiliate executive director chosen by **[000018]** her or his peers for exemplary board development activities. In 1994, this award was presented to Louise Safron of Planned Parenthood of South Central Michigan (Kalamazoo).

Recognizing outstanding achievements, PPFA's national office in 1994 presented the annual AFFILIATE EXCELLENCE AWARDS in 14 categories to these distinguished affiliates:

Public Affairs
Planned Parenthood of Santa Cruz County (Santa Cruz, CA)

Public Affairs
Planned Parenthood Association of the Atlanta Area

Community Education
Planned Parenthood of Wisconsin (Milwaukee)

Clinical Service Expansion
Planned Parenthood of Central Pennsylvania (York)

Media and Public Relations
Mount Baker Planned Parenthood (Bellingham, WA)

Board Development
Planned Parenthood of Santa Clara and San Benito Counties (San Jose, CA)

Private Fundraising
Planned Parenthood of Santa Barbara, Ventura, and San Luis Obispo Counties (Santa Barbara, CA)

Medical Services
Planned Parenthood of San Diego and Riverside Counties

Planning
Planned Parenthood of North Central Ohio (Mansfield)

Professional Education and Training
Planned Parenthood of Minnesota (St. Paul)

Professional Education and Training
Planned Parenthood of Connecticut (New Haven)

Serving Teens
InterMountain Planned Parenthood (Billings, MT)

Serving Racially Diverse Communities
(PePe Award)
Memphis Planned Parenthood

International Service
Planned Parenthood of Northern New England
(Williston, VT)

ABOUT
PPFA

Planned Parenthood Federation of America, Inc., is the world's oldest and largest voluntary reproductive health care organization. Tracing its origins to the first birth control clinic in America founded in 1916 by Margaret Sanger, Planned Parenthood is dedicated to the principle that every

individual has the fundamental right to choose when or whether to have children.

Planned Parenthood's 21,000 volunteers and staff members nationwide provide medical, educational, and counseling services to meet the family planning needs of more than five million Americans each year.

Planned Parenthood's volunteers, staff, and more than 400,000 donors also serve as vigorous advocates for reproductive freedom for every individual.

Further strengthening Planned Parenthood's commitment to advocacy, the Planned Parenthood Action Fund meets the need for increased lobbying efforts and voter education to preserve the right to reproductive choice.

Planned Parenthood addresses family planning needs around the world through its international program, Global Vision, whose international service arm, Family Planning International Assistance®, assists developing countries; and through its membership in the International Planned Parenthood Federation and the International Service Agencies.

Vital support for Planned Parenthood's programs and services is derived from private-sector contributions, patient fees, government grants, and third party reimbursement for services.

Planned Parenthood Federation of America comprises a national office in New York City; a legislative and public information office in Washington, D.C.; three U.S. regional offices (Atlanta, San Francisco, and Chicago); and 158 affiliates with 938 clinic sites in 49 states and the District of Columbia. PPFA's international family planning efforts

maintain three regional offices(Nairobi, Kenya, for Africa; Bangkok, Thailand, for Asia and the Pacific; and Miami, for Latin America and the Caribbean).

Planned Parenthood's mission is also enhanced by the work of The Alan Guttmacher Institute (AGI), to which PPFA provides support. AGI, a special Planned Parenthood affiliate, is an independent, not-for-profit corporation for reproductive health research, policy analysis, and public education.

Planned Parenthood is a registered service mark.

[000019]

1991 Service Report

The right to decide without interference how to conduct the most personal, private aspects of our lives is fundamental to American democracy. For no right is more essential or more empowering then the right to determine when and whether to bear children.

Yet the freedom of choice in child bearing that we take for granted today was scarcely a dream for most women until the second decade of the 20th century when Margaret Sanger founded America's modern birth control movement. Until then, contraception — now affordable and accessible to nearly all Americans — was obtainable only on the black market, by the fortunate few who could find and afford it. And in those days, the brave women and men who fought for reproductive freedom went to jail.

Sanger's fervent devotion to reproductive freedom grew out of her work as a public health nurse in New York City, where she saw firsthand the devastating effects of

uncontrolled fertility: grinding poverty caused by too many mouths to feed; ill health caused by too many pregnancies, too close together; death, permanent injury, or mutilation caused by unsafe illegal abortions, to which so many women turned in desperation. One night, after watching a young woman die from a botched abortion, Sanger vowed that she could not go back merely "to keeping people alive." She wrote: I went to bed knowing that no matter what it might cost, I was furnished with palliatives and superficial cures; I was resolved to seek out the root of evil, to do something to change the destiny of mothers whose miseries were vast as the sky.

To learn contraceptive techniques, Sanger traveled to Europe, where several methods were widely used. Armed with knowledge and her dream for a better world for women and families, she returned to offer hope to millions of Americans. And in 1916, she opened the first birth control clinic in America in Brooklyn, NY.

After only 10 days, the police closed down Sanger's clinic and arrested her for violating anti-obscenity statutes by discussing and distributing contraceptives. In that short time, the clinic served nearly 500 desperate women and men. More important, it marked the dawn of the Planned Parenthood movement — and it sparked a revolution that forever changed American history.

Over the next several decades, the movement begun by Sanger grew by leaps and bounds, to become a nationwide, volunteer-driven, grassroots effort. Planned Parenthood quickly established its national reputation for integrity, service, and care and won the hearts and minds of the American public — who gathered round the family planning banner in ever increasing numbers. By 1960 more than 20,000 women and men in hundreds of communities were

visiting Planned Parenthood every year for family planning and counseling.

But it was not until 1965 that the family planning cause achieved a central goal that Sanger had pursued from the start. In that year, the U.S. Supreme Court in *Griswold v. Connecticut*, struck down state laws prohibiting the use of contraceptives by married couples. The decision resulted in the immediate liberalization of family planning legislation in 10 states and paved the way for the nearly unanimous acceptance of contraception that now exists in this country.

[000020]

risks. According to the CDF, for every four infants born at very low birth weight, one will be left with moderate to severe disabilities, including retardation, cerebral palsy, major seizure disorders, and blindness. Furthermore, there are great racial disparities in the rates of low birth weight babies: in 1988 fewer than 6 percent of white babies were born at low birth weight compared to 13 percent of African American infants. In response to poor women's need for prenatal care, five affiliates began offering this service in 1990, bringing the total to 26. More than 6000 women received prenatal care at a Planned Parenthood facility in 1990, 49 percent more than in 1989. In 1980 only eight affiliates provided prenatal care serving only 200 women. The prenatal program of Planned Parenthood of Eastern Oklahoma and Western Arkansas (Tulsa, Okla.), which began in 1989, served851 patients in 1990 at two of its service clinic sites. Referrals come from several sources, including a centralized referral service in Tulsa, the Red Cross, and the WIC program. Patients are also seen on the premises of a Tulsa public school for pregnant teenagers.

STERILIZATION SERVICES

affiliates sterilization decline. Has provided vasectomy in 1990, compared to 45 in 1989.

Although the number of affiliates proving vasectomy declined by 9 percent, the number of patients served remained almost the same as in 1989. It is most likely, that those who dropped the service did so because of the decreased demand.

The number of female sterilizations performed by Planned Parenthood declined by 18 percent in 1990. The Planned Parenthood of East Central Georgia (Augusta), through a contract with the state, performed almost half of all female sterilizations performed by Planned Parenthood affiliates in 1990.

The association for Voluntary Surgical Contraception [remainder of text obscured].

CANCER SCREENING

Planned Parenthood affiliates perform a significant service in screening for cancer or pre-cancerous conditions in clients.

The American Cancer Society estimates that approximately 175,000 new cases of breast cancer occur among women in the U.S. each year and that the incidence of the disease has increased about 3 percent per year since 1980. Because early detection and treatment of breast cancer increases the likelihood of survival, Planned Parenthood centers routinely conduct breast examinations and teach patients how to examine their breasts. More than 1.3 million breast examinations occurred in 1990. Of the women

examined, 8,600 were referred for further evaluation and treatment.

Equally important to cancer screening is the Pap smear, which can detect pre-cancerous conditions or cancer of the cervix in early stages. More than 1.53 million Pap smears were performed at Planned Parenthood clinics in 1990, about the same number as the year before. Of these, 3.2 percent, or more than 49,000, showed evidence of conditions requiring further treatment or investigation.

[000021]

Behind every choice is a story . . .
1999-2000 ANNUAL REPORT

A friend told me about Planned Parenthood. Having had health care coverage through my previous jobs, I always thought that I wouldn't be eligible for these services. I checked the Web site, and read about the services and education offered by Planned Parenthood. I was quite impressed. I went without an appointment. I saw women of all races and economic groups. Everyone was treated with respect and attended to quickly. The nurse who saw me was incredible. She explained everything about my pelvic exam in great detail. She was probably the best practitioner I've ever had. — L.B.

PLANNED PARENTHOOD FEDERATION OF AMERICAN, INC.

[000022]

Because of Planned Parenthood, I can afford to have annual exams, including regular Pap tests. It's very important

that I continue to get them because I am a cervical cancer survivor. I was first diagnosed at my Planned Parenthood clinic. I am thankful that Planned Parenthood provides lifesaving services and makes it possible for me to take care of my health. — C.P.

IMPROVING THE QUALITY
Medical Services and Research

Throughout the world, Planned Parenthood is synonymous with high quality, affordable, community-based health care. Having heard women's stories for more than eight decades, our goals are to encourage responsible choice and preserve women's sexual and reproductive health through prevention, education, and self-empowerment.

Some National Office Activities

PPFA national staff are recognized authorities on all aspects of reproductive health, from research and technology to patient care, public information and education, and health care policy. To improve the quality of reproductive health, last year, we

- prepared the 2000 edition of the *PPFA Manual of Medical Standards and Guidelines*, which establishes for affiliates stringent medical protocols that are regarded as standards for the health care industry. Included were new guidelines for screening, evaluation, and managing breast cancer; menopausal services; fetal tissue donation, and the management of emergencies for medical and surgical abortion.

- provided ongoing technical assistance to affiliates involving approval of 42 new patient management

services, including six new medical abortion services and 51 affiliate research proposals.

- published the second edition of *Menopause, Living Well Through Life's Changes — Planned Parenthood Clinical Resource Guide* and *The Planned Parenthood Medical Digest*, a newsletter for Planned Parenthood health care professionals.

The PPFA Nurse Practitioner Program

The PPFA Nurse Practitioner Program, recognized nationally as the industry standard, prepares registered nurses to become highly skilled family planning nurse practitioners. Last year, we

- graduated 34 nurse practitioners

- trained 32 advance practice nurses to perform colposcopic exams

- continued the Women's Health Care Distance-Learning Program for nurses who cannot leave their homes for extended periods of time — the program combines clinical supervision by local professionals with a "virtual classroom" featuring customized interactive software

- hosted more than 400 nurse practitioners, physician assistants, and nurse midwives at the 24th Annual Post-Graduate Seminar for Nurse Practitioners in Women's Health Care

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PLANNED PARENTHOOD FEDERATION OF AMERICA

responsible choices® in action . . .

1998-99 ANNUAL REPORT

[000024]

IMPROVE THE QUALITY OF REPRODUCTIVE HEALTH CARE

MEDICAL SERVICES AND RESEARCH

Throughout the world, Planned Parenthood is synony/mous with high quality, affordable, community-bases health care. Our hallmarks are prevention, education, and self-empowerment to encourage responsible choices.

SOME NATIONAL OFFICE ACTIVITIES

The PPFA national office is an esteemed authority on all aspects of reproductive health, from research and technology, to patient care, public information and education,, and healthcare policy. To improve the quality of reproductive health care, last year we prepared the 1998 edition of the *PPFA Manual of Medical Standards and Guidelines*, which establishes stringent medical protocols for affiliates that are regarded as standards for the health care industry. Included were new guidelines for the provision of methotrexate surgical abortion, very early surgical abortion, emergency contraception kits, and emergency contraception via telephone.

Reviewed and evaluated new contraceptives, cervical cancer screening technologies, methods for the diagnosis and treatment of sexually transmitted infections, and other technologies that enhance women's health.

Completed a six-year retrospective analysis of the safety of birth control pills, which found that cardiovascular problems among users are extremely rare.

Published a *Handbook for Prenatal Care Providers* and *The Planned Parenthood Medical Digest*, a resource for Planned Parenthood health care professionals.

The PPFA Nurse Practitioner Program, recognized nationally as the industry standard, prepares registered nurses to become highly skilled family planning nurse practitioners. In 1998 we graduated 32 nurse practitioners trained 34 advance practice nurses to perform colposcopic.

Trained 40 registered nurses to become ob/gyn nurse practitioners.

Continued the Women's Health Care Distance-Learning Program for nurses who cannot leave their homes for extended periods of time. The program combines clinical supervision by local professionals with a "virtual classroom" featuring customized interactive software.

Hosted more than 400 nurse practitioners, physician assistants, and nurse midwives at the 23rd Annual Post-Graduate Seminar for Nurse Practitioners in Women's Health Care.

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PLANNED PARENTHOOD®
FEDERATION OF AMERICA, INC.

RESPONSIBLE Choices

1997-98 ANNUAL REPORT

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National Office Activities

The Planned Parenthood national office is recognized worldwide as an authority on all aspects of reproductive health. We monitor reproductive technology; instigate groundbreaking research; provide guidance to our affiliates and other health care providers; advise government health agencies and the pharmaceutical industry; serve on advisory and educational boards; offer leadership in professional symposia, and field hundreds of inquiries each year from the public and the media. Among our many activities in 1997-98:

By analyzing affiliate reports of client health outcomes, we identified important trends in reproductive health care. Reports included *Pregnancies Diagnosed During Norplant® Use, Pregnancies Diagnosed During Use of Depo-Provera®, and Experience with Norplant over the last Five Years.*

Our two-year study on using methotrexate and misoprostol to induce early abortion without surgery was completed. Twenty-seven affiliates enrolled more than 1,900 volunteers nationwide. Preliminary results confirm earlier studies that showed this method to be safe and highly effective. We also developed protocols to guide affiliates in offering this service

— the only currently available method of medical abortion in the U.S.

To evaluate a promising new monthly injectable contraceptive, we coordinated a clinical trial of Cyclo-Provera®. Eight affiliates participated in this ongoing study, enrolling 188 women. Preliminary results are extremely promising.

We monitored 133 other ongoing affiliate research projects and reviewed 47 new requests to initiate research.

To support our aggressive, three-year Emergency Contraception (EC) Public Awareness Campaign, we secured two grants totaling $2.6 million. This nationwide program will bolster affiliates' efforts to increase client access to EC and encourage other clinicians to provide their clients with information about EC as a routine part of reproductive health care. It will also directly provide women at risk of unintended pregnancy with information about EC that will encourage them to ask their clinicians for it — EC won't be a secret anymore!

Serving Affiliates

To support Planned Parenthood affiliates in providing the finest reproductive health care, the national office establishes stringent medical protocols, oversees quality assurance, provides continuing medical education, and offers many forms of technical assistance. Our exacting requirements are regarded as standards for the health care industry and are widely used by other agencies. Among our many activities in 1997-98:

We revised the *PPFA Manual of Medical Standards* with significant updates regarding the provision of emergency contraception, cancer screening and evaluation, IUDs, and medical and early surgical abortion. We also increased access to hormonal contraceptives by developing guidelines for optional physical exams.

For continuing medical education for affiliate clinicians, we offered a range of opportunities, including workshops, a training video, and a facilitator's guide on quality assurance as well as an audio conference on chlamydia that reached 643 participants.

Our third annual Health Care Institute, attended by 250 affiliate staff members, was held in Montreal, Quebec. Workshops were dedicated to making services more customer-centered, efficient, and competitive in the changing managed care marketplace.

To provide affiliates with low-cost medical supplies and contraceptives, we negotiated group-purchasing agreements.

Connecting callers to the nearest Planned Parenthood, we sponsored a nationwide, toll-free "smart" line, 1-800-230-PLAN. With all of our affiliates participating, an average of more than 14,000 callers used the line every month - an increase in use ofabout 10 percent over the previous year.

Providing a forum in which affiliates can share their most creative and successful strategies for improving customer satisfaction and outreach into the community, we published and distributed the bimonthly newsletter, *Marketing Exchange*.

[000027]

PROTECTING CHOICE
PROVIDING CHOICES
1996-97 Annual Report

[000028]

Broadened women's options for early surgical abortion by providing affiliates with training and information on the manual vacuum aspiration (MVA) technique. Many affiliates have begun to offer this method, which can be used up to 12 weeks from the last menstrual period.

Approved testing of Cyclo-Provera®, a promising new monthly injectable contraceptive method, at eight affiliate clinical testing sites across the country. Each site will screen and enroll up to 30 women to receive the once-monthly injection.

Took the lead to ensure that emergency contraception (EC) becomes recognized as a basic part of reproductive health care. Sometimes erroneously called the "morning-after pill" — and often regarded as the "best-kept secret" of family planning — EC uses ordinary oral contraceptives or an IUD to prevent pregnancy soon after unprotected intercourse. To educate practitioners and the public about this safe and effective method, the national office participated with the Program for Appropriate Technology in Health and other organizations in the production of 50,000 EC kits. The national office distributed the kits, which include a poster, brochure, and health care provider manual, to Planned Parenthood centers and other providers nationwide. Many Planned Parenthood affiliates are listed on the toll-free, 24-hour EC hotline, run by the Reproductive Health

Technologies Project. The national office currently is preparing a major EC marketing and service campaign for affiliates.

The Planned Parenthood national office establishes exacting nationwide medical standards for affiliates and offers information and technical support in all areas of reproductive and sexual health care service delivery. In 1996-97, the national office:

- Revised the *PFFA Manual of Meclical Standards and Guidelines* for numerous services, including: provision of emergency contraception; Pap test screening; the management of abnormal Pap tests; hormonal contraceptive use; IUDs; and HIV testing, counseling, and management. PPFA's scrupulous requirements are regarded as standards for the health care industry and used as models by other agencies.

- In response to the increased prevalence of managed care and new forms of health care financing, sponsored the second annual PPFA Health Care Institute in Keystone, CO, attended by 250 people. With the theme, "Improving Clinical Practices," the three-day institute offered staff from affiliates nationwide the opportunity to gain insights, learn new skills, and Improve the quality and effectiveness of Planned Parenthood services.

- Supported a nationwide, toll-free appointment line, 800-230-PLAN, which automatically connects callers to their nearest Planned Parenthood center. On average, 11,000 callers each month use the toll-free number to reach Planned Parenthood.

■ Monitored 226 affiliate medical research projects, of which 91 were initiated last year. Planned Parenthood affiliates participate in a variety of

Planned Parenthood Federation 1995 Annual Report

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Planned Parenthood®
Federation of America, Inc.

- Message from the Chairperson, Sharon W. Allison
- Message from the President Gloria A. Feldt
- Medical Services
- Sexuality Education
- International Services
- From Books to Bytes: Reaching Our Diverse Audience
- Public Policy
- Summary of Financial Activities
- Planned Parenthood Annual Awards
- Gifts in Support of PPFA
- PPFA Board & Executive Staff
- About PPFA

[000030]

FDA for early pregnancy termination, in 1995-96, PPFA urged that further clinical testing of methotrexate and misoprostol be conducted with the aim of securing FDA approval for abortifacient use.

- As part of Planned Parenthood's ongoing public education program goals, worked with Pfizer, Inc. to create public awareness around the sexually transmitted infection chlamydia and expanded a public education program around herpes, a project supported by Glaxo Wellcome that was launched in 1995. About four million American women and men become infected with chlamydia every year; genital herpes, a little-discussed disease, now infects one of every five U.S. adults — more than 30 million Americans.

- Published a bimonthly newsletter, The Planned Parenthood Women's Health Letter, that provides health information to women of every age. The newsletter often tackles topics that receive conflicting and inadequate coverage in the mainstream press, such as chronic fatigue syndrome, Prozac® and PMS, osteoarthritis, and ectopic pregnancies. The Women's Health Letter continues to reflect PPFA's traditional mission of empowering women by helping them make informed decisions about their health and their bodies.

Serving Affiliates

Planned Parenthood's national office establishes exacting medical standards and provides information and technical support in all areas of reproductive and sexual health care and their delivery.

In 1995-96, the national office:

- Revised the PPFA Manual of Medical Standards and Guidelines, which guides the provision of many affiliate clinical services. Planned Parenthood at ~ iliates' 900 health centers nationwide provide services that are based on scrupulous medical standards of care, many of which are regarded as standards for the health care industry and used as models by other agencies.

  Last year, as part of an ongoing process, PPFA's national medical division substantially revised or developed new standards for provision of emergency hormonal contraception, progestin-only contraceptive pills (POPs), Pap test screening, the management of abnormal Pap tests, the management of vulvar conditions, and family practice, among other services. In addition, all consent forms and fact sheets were updated in Spanish.

- Continued to support a nationwide, toll-free appointment line, 800-230-PLAN, which automatically connects callers to their nearest Planned Parenthood center. The routing system also allows affiliates that share media markets to pool their advertising resources by listing only one convenient telephone number. On average, more than 7,000 callers each month use the toll-free appointment line to reach Planned Parenthood.

- Designed and coordinated a third annual campaign, Healthy Moms Week, timed to coincide with Mother's Day 1996. PPFA's national office created kits for affiliates that included organizing materials, public service announcements, educational curricula, fact sheets on breast health and other women's health-related topics, sample op-eds and public resolutions, and outreach tips to

help affiliates emphasize the broad range of women's health care Planned Parenthood affiliates provide not only in connection with Mother's Day but throughout the year. Assisted by the national office, more than 100 affiliates participated in Healthy Moms Week with free and reduced-price services, public awareness

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PPFA
PLANNED PARENTHOOD® FEDERATION OF AMERICA, INC.
1992 ANNUAL REPORT

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MEDICAL SERVICES

For more than three-quarters of a century, Planned Parenthood has delivered low-cost, high-quality sexual and reproductive health ware to American women and men. In nearly 1,000 communities across the nation, people turn to Planned Parenthood because of our professional, confidential services; sensitive, caring personnel; and unswerving commitment to voluntary, informed decision making.

NATIONAL OFFICE ACTIVITIES
Serving the Field of Family Planning

Planned Parenthood's national office is a trusted resource for other agencies, health care professionals, the media, and ochers who seek accurate, up-to-date information about

reproductive health care, especially existing fertility control methods and new options under development.

In 1992, PPFA national office:

- Conducted special advocacy efforts to promote Depo-Provera®, an extremely effective three-month contraceptive injection and the newest birth control method available to American women. Depo-Provera was approved by the U.S. Food and Drug Administration (FDA) in 1992 and is now offered as a contraceptive option by more than two-thirds of Planned Parenthood affiliates. Planned Parenthood affiliates and the national office have also been leading providers and advocates for Norplant®, an effective five-year subdermal contraceptive implant for women, which was approved by the FDA in 1990.

- Provided ongoing professional education through the PPFA Nurse Practitioner Program In Philadelphia. In 1992, 37 professionals graduated from the program and 17 new trainees were enrolled. Additionally, the national office organized and cosponsored the 16th Annual Post-Graduate Seminar for Nurse Practitioners in Family Planning, attended by 455 professionals, and sponsored two courses in colposcopy for nurse practitioners. PPFA continues to support affiliate-based nurse practitioner education programs and the development of educational curricula for these programs.

Serving Affiliates

Planned Parenthood's sexual and reproductive health services are based on exacting, professional standards.

PPFA establishes and monitors medical standards and protocols to maintain affiliates' outstanding reputation for high-quality medical care. In further support of the work of affiliates, the national office provides information and technical support to enhance the delivery of medical services.

Last year, PPFA's national office:

- Updated the *PPFA Manual of Medical Standards and Guidelines* and assisted affiliates in the development of individual protocols for a variety of services. New standards for the provision of Depo-Provera were approved, and new Spanish-language versions of patient fact sheets and consent forms were developed.

- Developed a multi-year Service Marketing Campaign to more effectively enlist and retain clients at Planned Parenthood centers nationwide. In 1992, the national office conducted a nationwide survey focusing on reproductive health services and targeted to women of reproductive age. The survey results were used to develop a unified advertising campaign that can be adapted for use by all affiliates. Additionally, PPFA developed and tested a toll-free calling system to route consumer telephone calls from anywhere in the country directly to the nearest Planned Parenthood center." Implementation of this program as well as other aspects of the Service Marketing Campaign will begin in 1993.

- Increased awareness of Planned Parenthood career opportunities for health professionals through an ongoing national recruitment program that last year focused on diversity outreach. Ads in clinical and professional journals, conference exhibits, and direct-

mail campaigns generated nearly 1,700 referrals of clinicians, administrators, educators, and counselors to Planned Parenthood affiliates. The national office mailed bookmarks with the slogan, "Planned Parenthood: Much More Than You Think!" to 15,000 clinicians and nearly 200 African-American, Hispanic, Asian-American and Native American organizations.

- Monitored 130 ongoing affiliate research projects and evaluated and approved 51 new projects.

See Foldout Exhibits

[000033-000051]

1999 Return of Organization Exempt From Income Tax

1998 Return of Organization Exempt From Income Tax

1997 Return of Organization Exempt From Income Tax

Summary of 1991 Financial Activities

Planned Parenthood Federation of America
Summary of 1992 Financial Activities

Planned Parenthood Federation of America
Summary of Financial Activities for the 18 month
Ended June 30, 1994

Planned Parenthood Federation of America
Summary of Financial Activities for the Year
Ended June 30, 1995

Summary of Financial Activities
For the Year Ended June 30, 1997

Summary of Financial Activites
For the Year Ended June 30, 1998

Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

Under section 501(c) of the Internal Revenue Code (except black lung benefit trust or private foundation) or section 4947(a)(1) nonexempt charitable trust

Note: The organization may have to use a copy of this return to satisfy state reporting requirements.

OMB No. 1545-0047

1999

This Form is Open to Public Inspection

A For the 1999 calendar year, OR tax year period beginning 7/01 , 1999, and ending 6/30 , 2000

B Check if:
- ☐ Change of address
- ☐ Initial return
- ☐ Final return
- ☐ Amended return (required also for State reporting)

Please use IRS label or print or type. See Specific Instructions.

C
PLANNED PARENTHOOD/SAN DIEGO & RIVERSIDE
1075 CAMINO DEL RIO SOUTH #200
SAN DIEGO, CA 92108

D Employer identification number: 95-6111785

E Telephone number: (619) 683-7526

F Check ▶ ☐ if exemption application is pending

G Type of organization ▶ ☒ Exempt under section 501(c) (3) ◀ (insert number) OR ▶ ☐ section 4947(a)(1) nonexempt charitable trust

Note: Section 501(c)(3) exempt organizations and 4947(a)(1) nonexempt charitable trusts MUST attach a completed Schedule A (Form 990).

H(a) Is this a group return filed for affiliates? ☐ Yes ☒ No

(b) If "Yes," enter the number of affiliates for which this return is filed: ▶

(c) Is this a separate return filed by an organization covered by a group ruling? ☐ Yes ☒ No

I If other box in H is checked "Yes," enter four-digit group exemption number (GEN) ▶

J Accounting method: ☐ Cash ☒ Accrual ☐ Other (specify) ▶

K Check here ▶ ☐ if the organization's gross receipts are normally not more than $25,000. The organization need not file a return with the IRS; but if it received a Form 990 Package in the mail, it should file a return without financial data. Some states require a complete return.

Note: Form 990-EZ may be used by organizations with gross receipts less than $100,000 and total assets less than $250,000 at end of year.

Revenue, Expenses, and Changes in Net Assets or Fund Balances (See Specific Instructions on page 15.)

1	Contributions, gifts, grants, and similar amounts received:			
a	Direct public support	1a	2,151,689	
b	Indirect public support	1b		
c	Government contributions (grants)	1c	8,090,204	
d	Total (add lines 1a through 1c) (attach schedule of contributors) (cash $ 10,241,893 noncash $)	1d		10,241,893
2	Program service revenue including government fees and contracts (from Part VII, line 93)	2		5,215,791
3	Membership dues and assessments	3		
4	Interest on savings and temporary cash investments	4		
5	Dividends and interest from securities	5		89,990
6a	Gross rents	6a	138,951	
b	Less: rental expenses	6b	93,945	
c	Net rental income or (loss) (subtract line 6b from line 6a)	6c		45,006
7	Other investment income (describe ▶ SEE STATEMENT 1)	7		93,945

		(A) Securities		(B) Other	
8a	Gross amount from sale of assets other than inventory	3,272,608	8a		
b	Less: cost or other basis and sales expenses	3,028,635	8b		
c	Gain or (loss) (attach schedule) STATEMENT 2	243,973	8c		
d	Net gain or (loss) (combine line 8c, columns (A) and (B))		8d		243,973
9	Special events and activities (attach schedule)				
a	Gross revenue (not including $ of contributions reported on line 1a)		9a		
b	Less: direct expenses other than fundraising expenses		9b		
c	Net income or (loss) from special events (subtract line 9b from line 9a)				9c
10a	Gross sales of inventory, less returns and allowances		10a		
b	Less: cost of goods sold		10b		
c	Gross profit or (loss) from sales of inventory (attach schedule) (subtract line 10b from line 10a)				10c
11	Other revenue (from Part VII, line 103)				11
12	Total revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11)				12 15,930,598
13	Program services (from line 44, column (B))				13 13,865,499
14	Management and general (from line 44, column (C))				14 1,985,308
15	Fundraising (from line 44, column (D))				15 517,126
16	Payments to affiliates (attach schedule)				16
17	Total expenses (add lines 16 and 44, column (A))				17 16,367,933
18	Excess or (deficit) for the year (subtract line 17 from line 12)				18 -437,335
19	Net assets or fund balances at beginning of year (from line 73, column (A))				19 11,655,378
20	Other changes in net assets or fund balances (attach explanation)				20
21	Net assets or fund balances at end of year (combine lines 18, 19, and 20)				21 11,218,043

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STATEMENT 1
FORM 990, PART I, LINE 7
OTHER INVESTMENT INCOME

RENTAL EXPS DUPLICATED	$ 93,945
TOTAL	$ 93,945

STATEMENT 2
FORM 990, PART I, LINE 8
NET GAIN (LOSS) FROM NONINVENTORY SALES

PUBLICLY TRADED SECURITIES:

GROSS SALES PRICE:	3,272,608	
COST OR OTHER BASIS:	3,028,635	
GAIN (LOSS)		$ 243,973
TOTAL GAIN (LOSS)		$ 243,973

STATEMENT 3
FORM 990, PART II, LINE 43
OTHER EXPENSES

OTHER EXPENSES	(A) TOTAL	(B) PROGRAM SERVICES	(C) MANAGEMENT & GENERAL	(D) FUNDRAISING
ADVERTISING	$ 452,637	432,814	15,990	3,833
BAD DEBTS	651	651		
BOARD EXPENSES	14,926		14,926	
CONTINUING EDUCATION	3,719	3,719		
INSURANCE	320,906	282,509	38,397	
MEMBERSHIP DUES	12,507	4,521	7,986	
MEX-FAM (BINATIONAL)	75,376	75,376		
MISCELLANEOUS	183,997	113,457	23,291	47,249
NURSE PRACTITIONER TRAINING	13,143	13,143		
PAYMENTS TO AFFILIATES	232,719	108,668	124,051	
PROFESSIONAL FEES AND CONTRACT	1,687,166	1,331,873	228,655	126,638
SPECIAL EVENTS	135,636	8,648		126,988
TOTAL	$3,133,383	2,375,379	453,296	304,708

Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

Under section 501(c) of the Internal Revenue Code (except black lung benefit trust or private foundation) or section 4947(a)(1) nonexempt charitable trust

Note: The organization may have to use a copy of this return to satisfy state reporting requirements.

1998

This Form is Open to Public Inspection

A For the 1998 calendar year, OR tax year period beginning 7/01, 1998, and ending 6/30, 19 99

B Check if:
- ☐ Change of address
- ☐ Initial return
- ☐ Final return
- ☐ Amended return (required also for State reporting)

Please use IRS label or print or type. See Specific Instructions.

C
PLANNED PARENTHOOD/SAN DIEGO & RIVERSIDE
1075 CAMINO DEL RIO SOUTH #200
SAN DIEGO, CA 92108

D Employer identification number: 95-6111785

E Telephone number: (619) 683-7526

F Check ▶ ☐ if exemption application is pending

G Type of organization ▶ ☒ Exempt under section 501(c) (3) ◀ (insert number) OR ▶ ☐ section 4947(a)(1) nonexempt charitable trust

Note: Section 501(c)(3) exempt organizations and 4947(a)(1) nonexempt charitable trusts MUST attach a completed Schedule A (Form 990).

H(a) Is this a group return filed for affiliates? ☐ Yes ☒ No

(b) If "Yes," enter the number of affiliates for which this return is filed: ▶

(c) Is this a separate return filed by an organization covered by a group ruling? ☐ Yes ☒ No

I If either box in H is checked "Yes," enter four-digit group exemption number (GEN) ▶

J Accounting method: ☐ Cash ☒ Accrual ☐ Other (specify) ▶

K Check here ▶ ☐ if the organization's gross receipts are normally not more than $25,000. The organization need not file a return with the IRS; but if it received a Form 990 Package in the mail, it should file a return without financial data. Some states require a complete return.

Note: Form 990-EZ may be used by organizations with gross receipts less than $100,000 and total assets less than $250,000 at end of year.

Revenue, Expenses, and Changes in Net Assets or Fund Balances (See Specific Instructions on page 13.)

1	Contributions, gifts, grants, and similar amounts received:			
a	Direct public support	1a	2,489,685	
b	Indirect public support	1b		
c	Government contributions (grants)	1c	7,436,849	
d	Total (add lines 1a through 1c) (attach schedule of contributors) (cash $ 9,926,534 noncash $) ..... SEE STATEMENT 1	1d		9,926,534
2	Program service revenue including government fees and contracts (from Part VII, line 93)	2		4,764,552
3	Membership dues and assessments	3		
4	Interest on savings and temporary cash investments	4		
5	Dividends and interest from securities	5		67,972
6a	Gross rents	6a	134,931	
b	Less: rental expenses	6b	83,682	
c	Net rental income or (loss) (subtract line 6b from line 6a)	6c		51,249
7	Other investment income (describe ▶ SEE STATEMENT 2)	7		83,682

		(A) Securities		(B) Other		
8a	Gross amount from sale of assets other than inventory	2,603,898	8a			
b	Less: cost or other basis and sales expenses	2,307,710	8b			
c	Gain or (loss) (attach schedule) STATEMENT 3	296,188	8c			
d	Net gain or (loss) (combine line 8c, columns (A) and (B))				8d	296,188
9	Special events and activities (attach schedule)					
a	Gross revenue (not including $ of contributions reported on line 1a)		9a			
b	Less: direct expenses other than fundraising expenses		9b			
c	Net income or (loss) from special events (subtract line 9b from line 9a)				9c	
10a	Gross sales of inventory, less returns and allowances		10a			
b	Less: cost of goods sold		10b			
c	Gross profit or (loss) from sales of inventory (attach schedule) (subtract line 10b from line 10a)				10c	
11	Other revenue (see Part VII, line 103)				11	
12	Total revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11)				12	15,190,177
13	Program services (from line 44, column (B))				13	11,814,912
14	Management and general (from line 44, column (C))				14	1,778,674
15	Fundraising (from line 44, column (D))				15	448,554
16	Payments to affiliates (attach schedule)				16	
17	Total expenses (add lines 13 and 44, column (A))				17	14,042,140
18	Excess or (deficit) for the year (subtract line 17 from line 12)				18	1,148,037
19	Net assets or fund balances at beginning of year (from line 73, column (A))				19	10,507,341
20	Other changes in net assets or fund balances (attach explanation)				20	
21	Net assets or fund balances at end of year (combine lines 18, 19, and 20)				21	11,655,378

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EXPENSES

ASSETS

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K/A For Paperwork Reduction Act Notice, see page 1 of the separate instructions. Form 990 (1998)

CLIENT PPSDRC PLANNED PARENTHOOD/SAN DIEGO & RIVERSIDE 95-6111785

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STATEMENT 2
FORM 990, PART I, LINE 7
OTHER INVESTMENT INCOME

RENTAL EXPS DUPLICATED	$ 83,682
TOTAL	$ 83,682

STATEMENT 3
FORM 990, PART I, LINE 8
NET GAIN (LOSS) FROM NONINVENTORY SALES

PUBLICLY TRADED SECURITIES:

GROSS SALES PRICE:	2,603,898	
COST OR OTHER BASIS:	2,307,710	
GAIN (LOSS)		$ 296,188
TOTAL GAIN (LOSS)		$ 296,188

STATEMENT 4
FORM 990, PART II, LINE 43
OTHER EXPENSES

OTHER EXPENSES	(A) TOTAL	(B) PROGRAM SERVICES	(C) MANAGEMENT & GENERAL	(D) FUNDRAISING
ADVERTISING	$ 297,100	258,133	38,967	
BAD DEBTS	11,596	11,596		
BOARD EXPENSES	9,987		9,987	
CONTINUING EDUCATION	369	369		
INSURANCE	264,114	233,344	30,770	
MEMBERSHIP DUES	10,975	3,843	7,132	
MEX-FAM (BINATIONAL)	209,604	209,604		
MISCELLANEOUS	138,201	58,075	37,776	42,350
NURSE PRACTITIONER TRAINING	8,908	8,908		
PAYMENTS TO AFFILIATES	207,170	93,319	113,851	
PROFESSIONAL FEES & CONTRACTS	1,172,288	889,647	166,175	116,466
SPECIAL EVENTS	82,877	11,636		71,241
TOTAL	$2,413,189	1,778,474	404,658	230,057

Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

Under section 501(c) of the Internal Revenue Code (except black lung benefit trust or private foundation) or section 4947(a)(1) nonexempt charitable trust

Note: The organization may have to use a copy of this return to satisfy state reporting requirements.

1997

This Form is Open to Public Inspection

A For the 1997 calendar year, OR tax year period beginning 7/01, 1997, and ending 6/30, 19 98

B Check if:
- ☐ Change of address
- ☐ Initial return
- ☐ Final return
- ☐ Amended return (required also for State reporting)

Please use IRS label or print or type. See specific instructions.

C
PLANNED PARENTHOOD/SAN DIEGO & RIVERSIDE
1075 CAMINO DEL RIO SOUTH #200
SAN DIEGO, CA 92108

D Employer identification number: 95-6111785

E State registration number: CT-08130

F Check ▶ ☐ if exemption application is pending

G Type of organization ▶ ☒ Exempt under section 501(c) (3) ◀ (insert number) OR ▶ ☐ section 4947(a)(1) nonexempt charitable trust

Note: Section 501(c)(3) exempt organizations and 4947(a)(1) nonexempt charitable trusts MUST attach a completed Schedule A (Form 990).

H(a) Is this a group return filed for affiliates? ☐ Yes ☒ No

(b) If "Yes," enter the number of affiliates for which this return is filed: ▶

(c) Is this a separate return filed by an organization covered by a group ruling? ☐ Yes ☒ No

I If either box in H is checked "Yes," enter four-digit group exemption number (GEN) ▶

J Accounting method: ☐ Cash ☒ Accrual ☐ Other (specify) ▶

K Check here ▶ ☐ if the organization's gross receipts are normally not more than $25,000. The organization need not file a return with the IRS; but if it received a Form 990 Package in the mail, it should file a return without financial data. Some states require a complete return.

Note: Form 990-EZ may be used by organizations with gross receipts less than $100,000 and total assets less than $250,000 at end of year.

Revenue, Expenses, and Changes in Net Assets or Fund Balances (See Specific Instructions on page 11.)

1	Contributions, gifts, grants, and similar amounts received:				
a	Direct public support	1a	2,084,533		
b	Indirect public support	1b			
c	Government contributions (grants)	1c	6,707,419		
d	Total (add lines 1a through 1c) (attach schedule of contributors (cash $ 8,791,952 noncash $) STATEMENT 1			1d	8,791,952
2	Program service revenue including government fees and contracts (from Part VII, line 93)			2	3,466,032
3	Membership dues and assessments			3	
4	Interest on savings and temporary cash investments			4	
5	Dividends and interest from securities			5	73,957
6a	Gross rents	6a	139,916		
b	Less: rental expenses	6b	92,424		
c	Net rental income or (loss) (subtract line 6b from line 6a)			6c	47,492
7	Other investment income (describe ▶ SEE STATEMENT 2)			7	92,424

		(A) Securities		(B) Other		
8a	Gross amount from sale of assets other than inventory	2,205,143	8a			
b	Less: cost or other basis and sales expenses	672,468	8b			
c	Gain or (loss) (attach schedule) SEE STMT 3	1,532,675	8c			
d	Net gain or (loss) (combine line 8c, columns (A) and (B))				8d	1,532,675
9	Special events and activities (attach schedule)					
a	Gross revenue (not including $ of contributions reported on line 1)		9a			
b	Less: direct expenses other than fundraising expenses		9b			
c	Net income or (loss) from special events (subtract line 9b from line 9a)				9c	
10a	Gross sales of inventory, less returns and allowances		10a			
b	Less: cost of goods sold		10b			
c	Gross profit or (loss) from sales of inventory (attach schedule) (subtract line 10b from line 10a)				10c	
11	Other revenue (from Part VII, line 103)				11	
12	Total revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11)				12	14,004,532
13	Program services (from line 44, column (B))				13	10,213,111
14	Management and general (from line 44, column (C))				14	1,603,052
15	Fundraising (from line 44, column (D))				15	341,424
16	Payments to affiliates (attach schedule)				16	
17	Total expenses (add lines 16 and 44, column (A))				17	12,157,587
18	Excess or (deficit) for the year (subtract line 17 from line 12)				18	1,846,945
19	Net assets or fund balances at beginning of year (from line 73, column (A))				19	8,660,396
20	Other changes in net assets or fund balances (attach explanation)				20	
21	Net assets or fund balances at end of year (combine lines 18, 19, and 20)				21	10,507,341

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SCANNED MAR 05 1999

STATEMENT 2
FORM 990, PART I, LINE 7
OTHER INVESTMENT INCOME

RENTAL EXPENSE DUPLICATED	$ 92,424
TOTAL	$ 92,424

STATEMENT 3
FORM 990, PART I, LINE 8
NET GAIN (LOSS) FROM NONINVENTORY SALES

PUBLICLY TRADED SECURITIES:

GROSS SALES PRICE:	2,205,143
COST OR OTHER BASIS:	672,468
GAIN (LOSS):	$ 1,532,675
TOTAL GAIN (LOSS):	$ 1,532,675

STATEMENT 4
FORM 990, PART II, LINE 43
OTHER EXPENSES

OTHER EXPENSES	(A) TOTAL	(B) PROGRAM SERVICES	(C) MANAGEMENT & GENERAL	(D) FUNDRAISING
PROFESSIONAL FEES & CONTRACTS	$ 802,957	678,688	124,269	
ADVERTISING	305,573	136,193	169,380	
INSURANCE	241,167	216,312	24,855	
SPECIAL EVENTS	56,613	4,193	3,582	48,838
MISCELLANEOUS	109,874	54,674	18,605	36,595
BAD DEBTS	8,866	8,866		
NURSE PRACTITIONER TRAINING	18,103	18,103		
BOARD EXPENSE	19,975		19,975	
MEMBERSHIP DUES	9,401	2,620	6,781	
CONTINUING EDUCATION	3,463	3,463		
MEX-FAM (BINATIONAL)	228,867	228,867		
PAYMENTS TO AFFILIATES	198,970	83,408	115,562	
WOMANCARE COSTS	193,522	193,522		
TOTAL	$2,197,351	1,628,909	483,009	85,433

Summary of 1991 Financial Activities

All Amounts in Millions

Planned Parenthood Federation of America makes contributions to other organizations. A list of all organizations that received contributions from PPFA during calendar year 1991 may be obtained by writing to PPFA, 810 Seventh Avenue, New York, NY 10019.

Audited statement available upon request from New York Department of State, Office of Charities Registration, Albany, NY 12231, or from PPFA.

As a not-for-profit charitable organization, contributions to Planned Parenthood Federation of America are tax deductible. Contributions to Planned Parenthood Action Fund, an independent advocacy organization established by PPFA in 1989, are not tax deductible.

Notes

a. National office figures are derived directly from December 31, 1991 audited financial statements. Affiliate amounts reflect the operations of 170 Planned Parenthood affiliates and are projected based on amounts reported in affiliate audited financial statements.

b. Includes corporate contributions, foundation grants, and support from more than 550,000 active individual contributors, including individual contributions received through the International Service Agency and Federal Service Campaigns (on-the-job solicitation and contributions through payroll deduction plans for employees of federal and state governments and participating corporations).

c. The Alan Guttmacher Institute, to which PPFA supplies some support, is an independent, non-profit corporation for research, policy analysis, and public education on reproductive health issues. As a special affiliate of PPFA, its budget appears here in full.

d. The Planned Parenthood Action Fund is a separate corporation established in 1989. Its purpose is to advocate public policies that guarantee individual choice and full access to reproductive health care.

e. Includes 7.1 for transactions between national office and U.S. affiliates. Elimination of this amount in consolidation would reduce Federation revenue and expenses to 399.2 and 377.6 respectively. Expenses do not include capitalized expenditures for property, plant, and equipment and repayment of related loans of .2 for national and 10.6 for affiliates.

f. Includes distribution of contraceptive supplies valued at 4.2 in 1991 and 3.9 in 1990.

g. Includes the excess of shipments over receipts of commodities of 1.3.

h. Includes operating fund balances of 11.3 and non-operating fund balances of 2.9.

Operating and Other Funds

Combined Statement of Revenue, Expenses, and Changes in Fund Balances for the Year ended December 31, 1991

	1991		
Revenue	**Total 1991 (a)**	**Affiliates**	**National Office**
1. Clinic Income	140.9	140.9	0.0
2. Gov't. Grants and Contracts:			
a. In-kind Contributions of Contraceptives, Supplies, and Equipment	5.5	0.0	5.5
b. Other Reimbursements and Grants	118.5	116.8	1.7
3. Private Contributions and Bequests	113.7	84.4	29.3 (b)
4. Indirect Support from Affiliates	4.2	0.0	4.2
5. Other Operating Revenue	16.4	13.4	3.0
6. Alan Guttmacher Institute	4.2 (c)	4.2	0.0
7. Planned Parenthood Action Fund	2.9 (d)	2.9	0.0
Total Revenue	406.3 (e)	362.6	43.7
Expenses			
1. Domestic Programs:			
a. Patient Services	222.5	222.5	0.0
b. Community Services	9.3	9.3	0.0
c. Community Education	18.1	18.1	0.0
d. Research and Professional Training	16.1	16.1	0.0
e. Assistance to U.S. Family Planning	7.9	0.0	7.9
f. Services to Affiliates	10.3	0.0	10.3
Total Domestic Programs	284.2	266.0	18.2
2. Int'l Family Planning Programs	13.6 (f)	2.9	10.7
Total Program Services	297.8	268.9	28.9
3. Supporting Services:			
a. Management and General	51.3	46.0	5.3
b. Fund Raising	20.7	13.0	7.7
Total Supporting Services	72.0	59.0	13.0
4. Other Expenses			
a. Payments to Affiliated Organizations	7.2	5.7	1.5
b. Alan Guttmacher Institute	4.0 (c)	4.0	0.0
c. Planned Parenthood Action Fund	3.7 (d)	3.7	0.0
Total Expenses	384.7 (e)	341.3	43.4
Excess (Deficiency) of Revenue over Expenses	21.6	21.3	0.3 (g)
5. Other Changes in Fund Balance	2.9	2.9	0
Fund Balances: Beginning of Year	183.2	169.3	13.9
Fund Balances: End of Year	207.7	193.5	14.2 (h)

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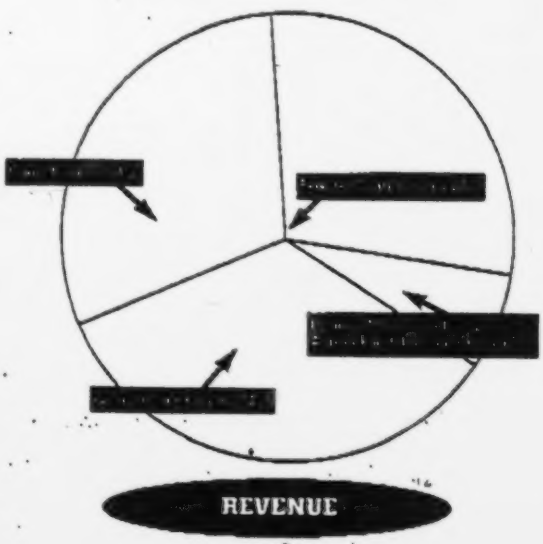
PLANNED PARENTHOOD FEDERATION OF AMERICA
SUMMARY OF 1992 FINANCIAL ACTIVITIES

[redacted] PPFA makes contributions to other organizations. A list of all organizations that received contributions from PPFA during calendar year 1992 may be obtained by writing to PPFA, 810 Seventh Avenue, New York, NY 10019.

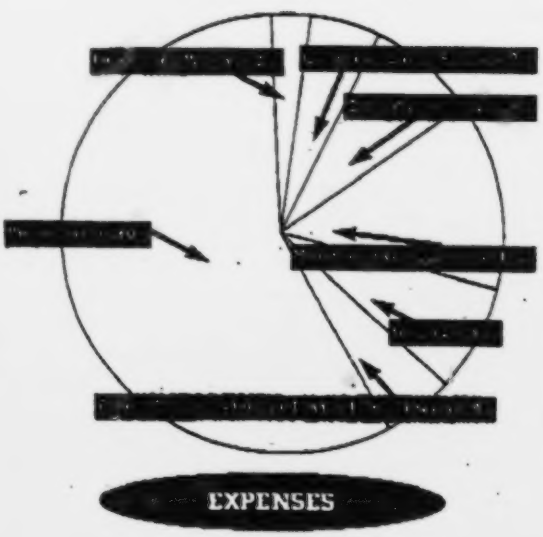
Audited statement available upon request from New York Department of State, Office of Charities Registration, Albany, NY 12231, or from PPFA.

Contributions to Planned Parenthood Federation of America, a not-for-profit charitable organization, are tax deductible. Contributions to Planned Parenthood Action Fund, an independent advocacy organization established by PPFA in 1989, are not tax deductible.

Combined National and Affiliate Operations



REVENUE



EXPENSES

Notes (*All Dollar Amounts in Millions*)

a. National office figures are derived directly from December 31, 1992, audited financial statements. Affiliate amounts reflect the operations of 168 Planned Parenthood affiliates and are projected based upon amounts reported in affiliate audited financial statements.

b. Includes corporate contributions, foundation grants, and support from more than 550,000 active individual contributors, including individual contributions received through International Service Agencies and Federal Service Campaigns (on-the-job solicitation and contributions through payroll deduction plans for employees of federal and state governments and participating corporations).

c. The Alan Guttmacher Institute, to which PPFA supplies some support, is an independent, not-for-profit corporation for research, policy analysis, and public education on reproductive health issues. As a special affiliate of PPFA, its budget appears here in full.

d. The Planned Parenthood Action Fund is a separate corporation established in 1989. Its purpose is to advocate public policies that guarantee individual choice and full access to reproductive health care.

e. Includes $7.6 for transactions between national office and U.S. affiliates. Elimination of this amount in consolidation would reduce Federation revenue and expenses to $438.4 and $414.9 respectively. Expenses do not include capitalized expenditures for property, plant, and equipment and repayment of related loans of $1.0 for national and $17.6 for affiliates.

f. Includes distribution of contraceptive supplies valued at $2.8.

g. Includes operating fund balances of $5.7 and nonoperating fund balances of $7.8.

Operating and Other Funds *All Amounts in Millions*

Combined Statement of Revenue, Expenses, and Changes in Fund Balances for the Year Ended December 31, 1992

	Total 1992		1992 Affiliates	National Office
Revenue				
1. Clinic Income	$150.9		$150.9	$0.0
2. Government Grants and Contracts:				
a. In-Kind Contributions of Contraceptives, Supplies, and Equipment	2.7		0.0	2.7
b. Other Reimbursements and Grants	142.3		141.2	1.1
3. Private Contributions and Bequests	121.2		91.4	29.8 (b)
4. Indirect Support from Affiliates	4.2		0.0	4.2
5. Other Operating Revenue	17.0		13.1	3.9
6. Alan Guttmacher Institute	4.5	(c)	4.5	0.0
7. Planned Parenthood Action Fund	3.2	(d)	3.2	0.0
TOTAL REVENUE	$446.0	(e)	$404.3	$41.7
Expenses				
1. Domestic and International Programs				
Domestic Programs				
a. Patient Services	253.2		253.2	0.0
b. Community Services	11.2		11.2	0.0
c. Community Education	20.0		20.0	0.0
d. Research and Professional Training	13.6		13.6	0.0
e. Assistance to U.S. Family Planning	7.6		0.0	7.6
f. Grants and Services to Affiliates	11.1		0.0	11.1
Total Domestic Programs	316.7		298.0	18.7
Total International Family Planning Programs	12.8	(f)	3.9	8.9
Total Program Services	329.5		301.9	27.6
2. Supporting Services				
a. Management and General	53.9		48.6	5.3
b. Fundraising	23.5		15.4	8.1
Total Supporting Services	77.4		64.0	13.4
3. Other Expenses				
a. Payments to Affiliated Organizations	8.0		6.6	1.4
b. Alan Guttmacher Institute Expenses	4.6	(c)	4.6	0.0
c. Planned Parenthood Action Fund	3.0	(d)	3.0	0.0
Total Other Expenses	15.6		14.2	1.4
TOTAL EXPENSES	$422.5	(e)	$380.1	$42.4
EXCESS (DEFICIENCY) OF REVENUE OVER EXPENSES	23.5		24.2	(0.7)
Other Changes in Fund Balance	(0.7)		(0.7)	0.0
FUND BALANCES: BEGINNING OF YEAR	$207.7		$193.5	$14.2
FUND BALANCES: END OF YEAR	$230.5		$217.0	$13.5 (g)

Fiscal Year Change
PPFA expects to change its fiscal reporting from the calendar year to the 12-month period ending June 30. Pending a final decision by the PPFA Board of Directors, the next audited statement will cover an 18-month transitional period from January 1, 1993, to June 30, 1994. The next PPFA annual report will reflect this change.

Combined Balance Sheet: National and Affiliates *All Amounts in Millions*

December 31, 1992 (with Comparative Totals for 1991)

	Total 1991	1992 Total 1992	Operating Funds Unrestricted Funds	Operating Funds Restricted Funds	Nonoperating Funds Property & Equipment	Nonoperating Funds Other Funds
ASSETS						
Current Assets	$184.6	$192.9	$131.8	$25.5	$ 6.3	$29.3
Property, Equipment, and Other	89.2	108.2	1.8	0.3	90.3	15.8
TOTAL ASSETS	273.8	301.1	133.6	25.8	96.6	45.1
LIABILITIES AND FUND BALANCES						
Current Liabilities	52.3	54.7	30.1	15.8	5.9	2.9
Mortgages and Notes Payable	13.8	15.9	0.7	0.0	14.5	0.7
TOTAL LIABILITIES	66.1	70.6	30.8	15.8	20.4	3.6
FUND BALANCES	207.7	230.5	102.8	10.0	76.2	41.5
TOTAL LIABILITIES & FUND BALANCES	$273.8	$301.1	$133.6	$25.8	$96.6	$45.1

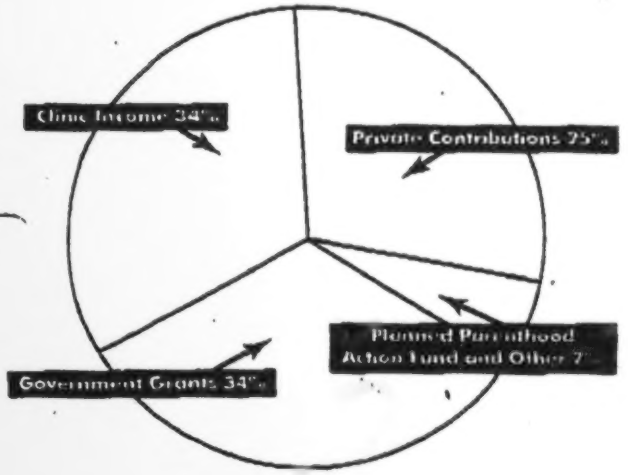
PLANNED PARENTHOOD FEDERATION OF AMERICA
SUMMARY OF FINANCIAL ACTIVITIES FOR THE 18 MONTHS ENDED JUNE 30, 1994

PPFA makes contributions to other organizations. A list of all organizations that received contributions from PPFA during calendar year 1993 and the six-month period ended June 30, 1994, may be obtained by writing to PPFA, 810 Seventh Avenue, New York, NY 10019.

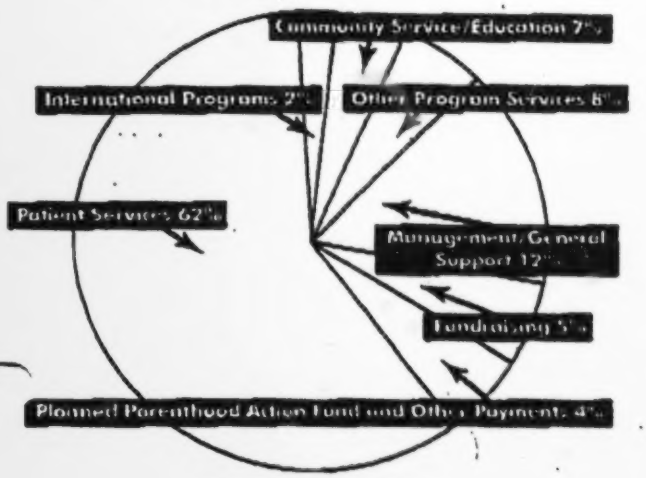
Audited statement available on request from New York Department of State, Office of Charities Registration, Albany, NY 12231, or from PPFA.

Contributions to Planned Parenthood Federation of America, a not-for-profit charitable organization, are tax deductible. Contributions to Planned Parenthood Action Fund, Inc., an independent advocacy organization established by PPFA in 1989, are not tax deductible.

COMBINED NATIONAL AND AFFILIATE OPERATIONS



REVENUE



EXPENSES

NOTES *(All Dollar Amounts in Millions)*

(a) National office and affiliate figures reflect operations for the 18-month period ended June 30, 1994. Affiliate amounts reflect the operations of 164 Planned Parenthood affiliates and are projected based upon amounts reported in affiliate audited financial statements.

(b) Includes corporate contributions, foundation grants, and support from over 400,000 active individual contributors, including individual contributions received through International Service Agency and Federal Service Campaigns (on-the-job solicitation and contributions through payroll deduction plans for employees of federal and state governments and participating corporations).

(c) The Alan Guttmacher Institute, to which PPFA supplies some support, is an independent, non-profit corporation for research, policy analysis, and public education on reproductive health issues. As a special affiliate of PPFA, its budget for the 18-month period appears here in full.

(d) The Planned Parenthood Action Fund is a separate corporation established in 1989. Its purpose is to advocate public policies that guarantee individual choice and full access to reproductive health care.

(e) Includes $8.5 for transactions between national office and U.S. affiliates. Elimination of this amount in consolidation would reduce Federation revenue and expenses to $685.2 and $657.2 respectively. Expenses do not include capitalized expenditures for property, plant, and equipment and repayment of related loans of $.9 for national and $27.4 for affiliates.

(f) Includes operating fund balances of $6.4 and non-operating fund balances of $11.7.

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Combined Statement of Revenue, Expenses, and Changes in Fund Balances

For the 18 Months Ended June 30, 1994

Revenue	Total[a]	Affiliates	National Office
1. Clinic Income	$235.6	$235.6	$ 0.0
2. Government Grants and Contracts:			
a. In-Kind Contributions of Contraceptives, Supplies, and Equipment	0.5	0.0	0.5
b. Other Reimbursements and Grants	237.7	236.1	1.6
3. Private Contributions and Bequests	174.0	137.4	36.6[b]
4. Indirect Support from Affiliates	6.5	0.0	6.5
5. Other Operating Revenue	31.7	20.2	11.5
6. Alan Guttmacher Institute	6.5[c]	6.5	0.0
7. Planned Parenthood Action Fund	1.2[d]	1.2	0.0
TOTAL REVENUE	$693.7[e]	$637.0	$56.7
Expenses			
1. Domestic Programs:			
a. Patient Services	$415.6	$415.6	$ 0.0
b. Community Services	14.1	14.1	0.0
c. Community Education	32.7	32.7	0.0
d. Research and Professional Training	23.4	23.4	0.0
e. Assistance to U.S. Family Planning	7.7	0.0	7.7
f. Services to Affiliates	23.1	0.0	23.1
Total Domestic Programs	516.6	485.8	30.8
2. International Family Planning Programs	15.9	6.8	9.1
Total Program Services	532.5	492.6	39.9
3. Supporting Services:			
a. Management and General	80.4	75.3	5.1
b. Fund Raising	32.3	25.0	7.3
Total Supporting Services	112.7	100.3	12.4
4. Other Expenses			
a. Payments to Affiliated Organizations	12.4	10.3	2.1
b. Alan Guttmacher Institute Expenses	7.3[c]	7.3	0.0
c. Planned Parenthood Fund Action Fund	0.8[d]	0.8	0.0
Total Other Expenses	20.5	18.4	2.1
TOTAL EXPENSES	$665.7[e]	$611.3	$54.4
EXCESS OF REVENUE OVER EXPENSES	28.0	25.7	2.3
5. Other Changes in Fund Balance	4.8	2.5	2.3
FUND BALANCES: BEGINNING OF YEAR	$230.5	$217.0	$13.5
FUND BALANCES: END OF YEAR	$263.3	$245.2	$18.1[f]

Fiscal Year Change

PPFA has changed its fiscal reporting from the calendar year to the 12-month period ending June 30. PPFA's current audited financial statements cover the 18-month transitional period from January 1, 1993, to June 30, 1994. Subsequent PPFA annual reports will cover the 12-month period from July 1 to June 30.

Combined Balance Sheet: National and Affiliates *All Amounts in Millions*

June 30, 1994

	Total	Operating Funds: Unrestricted Funds	Operating Funds: Restricted Funds	Non Operating Funds: Property & Equipment	Non Operating Funds: Endowment & Other Funds
ASSETS:					
Current Assets	$206.0	$141.0	$23.0	$ 3.5	$38.5
Property, Equipment, & Other	131.6	2.4	0.2	118.0	11.0
TOTAL ASSETS	337.6	143.4	23.2	121.5	49.5
LIABILITIES AND FUND BALANCES:					
Current Liabilities	54.1	33.2	14.4	4.7	1.8
Mortgages and Notes Payable	20.2	1.0	0.0	19.1	0.1
TOTAL LIABILITIES	74.3	34.2	14.4	23.8	1.9
FUND BALANCES	263.3	109.2	8.8	97.7	47.6
TOTAL LIABILITIES AND FUND BALANCES	$337.6	$143.4	$23.2	$121.5	$49.5

Planned Parenthood Federation of America
Summary of Financial Activities for the Year Ended June 30, 1995

PPFA makes contributions to other organizations. A list of all organizations that received contributions from PPFA during the year ended June 30, 1995, may be obtained by writing to PPFA, 810 Seventh Avenue, New York, NY 10019.

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Contributions to Planned Parenthood Federation of America, a not-for-profit charitable organization, are tax deductible. Contributions to Planned Parenthood Action Fund, Inc., an independent advocacy organization, are not tax deductible.

Notes (All Dollar Amounts in Millions)

(a)National office figures reflect operations for the year ended June 30, 1995. Affiliate figures reflect the operations of 163 Planned Parenthood affiliates and are based upon amounts reported in affiliate audited financial statements for fiscal years ended during 1994.

(b)Includes corporate contributions, foundation grants, and support from more than 400,000 active individual contributors, including individual contributions received through International Service Agency and Federal Service Campaigns (on-the-job solicitation and contributions through payroll deduction plans for employees of federal and state governments and participating corporations).

(c)The Alan Guttmacher Institute, a special affiliate to which PPFA supplies some support, is an independent, not-for-profit corporation for reproductive health research, policy analysis, and public education.

(d)The Planned Parenthood Action Fund is a separate corporation whose purpose is to advocate public policies that guarantee individual choice and full access to reproductive health care.

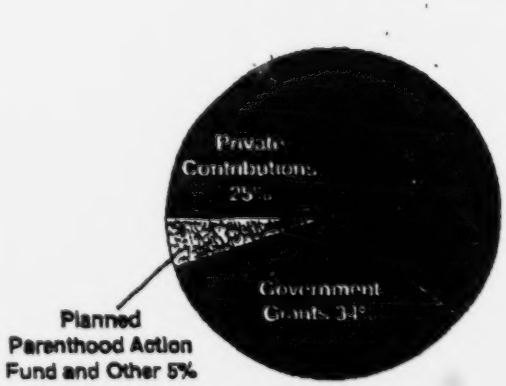
(e)Includes $11.6 for transactions between the national office and U.S. affiliates. Elimination of this amount in consolidation would reduce federation revenue and expenses to $466.7 and $460.4 respectively. Expenses do not include capitalized expenditures for property, plant, and equipment and repayment of related loans.

(f)Deficit is primarily the result of accrual in 1995 of a multi-year commitment to The Alan Guttmacher Institute, for fiscal years 1996-1998. Accrual is required under the provisions of the Financial Accounting Standards Board's Statement of Financial Accounting Standards No. 116. (See also note g.)

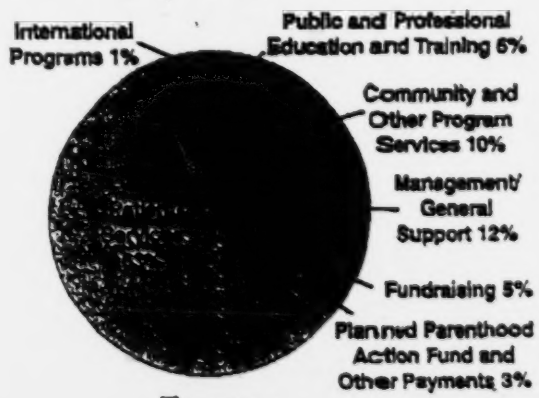
(g)Opening fund balances (net assets) have been restated to reflect adoption of the Financial Accounting Standards Board's Statements of Financial Accounting Standards Nos. 116 and 117, effective with the year ended June 30, 1995. The restatements primarily involve reclassification as net assets of amounts previously considered contributions designated for future periods (a liability).

(h)Includes operating fund balances of $7.7 and nonoperating fund balances of $10.9.

Combined National and Affiliate Operations



Revenue



Expenses

Combined Statement of Revenue, Expenses, and Changes in Fund Balances for the Year Ended June 30, 1995

	Total (a)	Affiliates	National Office
Revenue			
1. Clinic Income	$171.3	$171.3	$0.0
2. Government Grants and Contracts	163.1	162.2	0.9
3. Private Contributions and Bequests	117.8	91.7	26.1 (b)
4. Indirect Support from Affiliates	4.8	0.0	4.8
5. Other Operating Revenue	15.8	7.9	7.9
6. Alan Guttmacher Institute	5.0 (c)	5.0	0.0
7. Planned Parenthood Action Fund	0.5 (d)	0.5	0.0
TOTAL REVENUE	$478.3 (e)	$438.6	$39.7
Expenses			
1. Domestic Programs:			
a. Patient Services	$299.2	$299.2	$0.0
b. Community Services	10.1	10.1	0.0
c. Public and Professional Education & Training	27.6	27.6	0.0
d. Public Affairs	10.6	10.6	0.0
e. Assistance to U.S. Family Planning	4.8	0.0	4.8
f. Services to Affiliates	20.7	0.0	20.7
Total Domestic Programs	373.0	347.5	25.5
2. International Family Planning Programs	5.4	1.4	4.0
Total Program Services	378.4	348.9	29.5
3. Supporting Services:			
a. Management and General	56.6	52.6	4.0
b. Fundraising	23.3	17.5	5.8
Total Supporting Services	79.9	70.1	9.8
4. Other Expenses			
a. Payments to Affiliated Organizations	8.3	6.8	1.5
b. Alan Guttmacher Institute	4.8	4.8	0.0
c. Planned Parenthood Action Fund	0.6	0.6	0.0
Total Other Expenses	13.7	12.2	1.5
TOTAL EXPENSES	$472.0 (e)	$431.2	$40.8
EXCESS (DEFICIENCY) OF REVENUE OVER EXPENSES	6.3	7.4	(1.1)(f)
5. Other Changes in Fund Balance	0.2	0.2	0.0
FUND BALANCES: BEGINNING OF YEAR	$264.9	$245.2	$19.7 (g)
FUND BALANCES: END OF YEAR	$271.4	$252.8	$18.6 (h)

Combined Balance Sheet: National and Affiliates (All Amounts in Millions)

June 30, 1995

	Total	— Operating Funds — Unrestricted Funds	Restricted Funds	— Nonoperating Funds — Property & Equipment	Endowment & Other Funds
ASSETS:					
Current Assets	$214.2	$146.3	$28.2	$4.3	$35.4
Property, Equipment, & Other	139.2	2.4	0.0	127.0	9.8
TOTAL ASSETS	353.4	148.7	28.2	131.3	45.2
LIABILITIES AND FUND BALANCES:					
Current Liabilities	59.2	39.8	14.0	4.2	1.2
Mortgages and Notes Payable	22.8	1.2	0.0	21.3	0.3
TOTAL LIABILITIES	82.0	41.0	14.0	25.5	1.5
FUND BALANCES	271.4	107.7	14.2	105.8	43.7
TOTAL LIABILITIES & FUND BALANCES	$353.4	$148.7	$28.2	$131.3	$45.2

	Total (a)	Affiliates	Net Office Eliminations	(b)
REVENUE				
1. Clinic Income	180.5	180.5		0.0
2. Government Grants & Contracts	171.9	170.3		1.6
3. Private Contributions & Bequests	122.7 (c)	98.6	26.0	-1.9
4. Indirect Support from Affiliates	0.0	0.0	4.8	-4.8
5. Other Operating Revenue	21.8	18.4	8.9	-5.5
6. Alan Guttmacher Institute	6.2 (d)	6.4	0.0	-0.2
7. Planned Parenthood Action Fund	0.9 (e)	0.9	0.0	
TOTAL REVENUE	504.0	475.1	41.3	-12.4
EXPENSES				
1. Domestic Programs:				
a. Patient Services	316.7	317.5		-0.8
b. Community Services	8.9	8.9		
c. Public & Prof. Educ. & Trng.	26.3	26.3		
d. Public Affairs	10.1	10.1		
e. Assistance to U.S. Family Planning	5.9	0.0	5.9	
f. Services to Affiliates	12.3	0.0	17.5	-5.2
Total Domestic Programs	380.2	362.8	23.4	-6.0
2. International Family Planning Programs	5.3	1.4	3.9	
Total Program Services	385.5	364.2	27.3	-6.0
3. Supporting Services:				
a. Management and General	59.7	55.4	4.3	
b. Fundraising	24.2	18.4	5.8	
Total Supporting Services	83.9	73.8	10.1	0.0
4. Other Expenses:				
a. Payments to Related Organizations	2.7	7.3	1.8	-6.4
b. Alan Guttmacher Institute	4.8	4.8	0.0	
c. Planned Parenthood Action Fund	0.9	0.9	0.0	
Total Other Expenses	8.4	13.0	1.8	-6.4
TOTAL EXPENSES	477.8 (f)	451.0	39.2	-12.4

Notes

(a) National office figures reflect operations for the year ended June 30, 1996. Affiliate figures reflect the operations of 159 Planned Parenthood affiliates, Planned Parenthood Action Fund (PPAF), and The Alan Guttmacher Institute and are based upon amounts reported in audited financial statements for fiscal years ended during 1995 (year ended June 30, 1996, for PPAF).

(b) Payments and receipts between affiliates and the national office have been eliminated. These include dues, rebates, insurance payments, and payments to The Alan Guttmacher Institute. Related adjustments have been made to balance sheet accounts.

(c) Includes corporate contributions, foundation grants, and support from more than 500,000 active individual contributors and

(g) Net asset balances (fund balances) at the beginning of the year have been restated to reflect adoption of the Financial Accounting Standards Board's Statement of Financial Accounting Standards Nos. 116 and 117, effective with years ended during 1995 by most affiliates. The restatements primarily involve reclassification as net assets of amounts previously considered contributions designated for future periods (a liability).

Organizations List & Audited Statement

PPFA makes contributions to other organizations. A list of all organizations that received contributions from PPFA during the year ended June 30, 1996, may be obtained by writing to PPFA, 810 Seventh Avenue, New York, NY 10019. Audited statement available on request from New York Department of State, Office of Charities Registration, Albany, NY 12231, or from PPFA.

Combined Balance Sheet

charts, Revenue and Expenses

- return to Table of Contents, PPFA 1995-96 Annual Report
- return to Information Resources/About Planned Parenthood
- return to Planned Parenthood-national home page

SUMMARY OF FINANCIAL ACTIVITIES

for the Year Ended June 30, 1997

PPFA makes contributions to other organizations [redacted]
contributions from PPFA during the year ended [redacted]
PPFA, 810 Seventh Avenue, New York, NY 10019.

Audited statement available on request from New York [redacted]
Registration, Albany, NY 12231, or from PPFA.

Notes (All Dollar Amounts in Millions)

(a) National office figures reflect operations for the year ended June 30, 1997. Affiliate figures reflect the operations of 151 Planned Parenthood affiliates and are based upon amounts reported in affiliate audited financial statements for fiscal years ended during 1996.

(b) Payments and receipts between affiliates and the national office have been eliminated. These include dues, rebates, insurance payments, and payments to the Alan Guttmacher Institute. Related adjustments have been made to the balance sheet.

(c) Includes corporate contributions, foundation grants, and support from more than 500,000 active individual contributors, including individual contributions received through International Service Agency and Federal Service Campaigns (on-the-job solicitation and contributions through payroll deduction plans for employees of federal and state governments and participating corporations). This also includes $9.5 million of bequests.

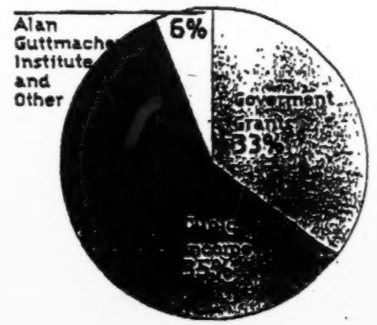
(d) The Alan Guttmacher Institute, a special affiliate to which PPFA supplies some support, is an independent, not-for-profit corporation for reproductive health research, policy analysis, and public education.

(e) Throughout the text of this Annual Report, these domestic programs of the national office have been described in the context of the affiliate programmatic areas (Medical Services, Sexuality Education, Public Policy) to which they relate.

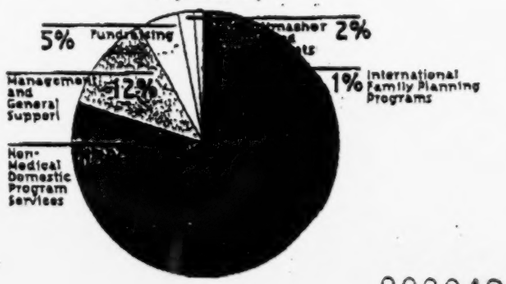
(f) Expenses do not include capitalized expenditures for property, plant, and equipment and repayment of related loans, but do include depreciation and amortization of such property, plant, and equipment and interest expense on such loans.

(g) Primarily involves the adoption of Financial Accounting Standards Board Statement No. 124, requiring the carrying of nearly all investments at market value instead of cost.

Revenue



Expenses



OPERATING AND OTHER FUNDS (ALL AMOUNTS IN MILLIONS)
COMBINED STATEMENT OF REVENUE, EXPENSES, AND CHANGES IN NET ASSETS
FOR THE YEAR ENDED JUNE 30, 1997

	Total(a)	Affiliates	National Office	Eliminations (b)
Revenue				
1. Clinic Income	184.3	184.3		
2. Government Grants and Contracts	177.5	175.8	1.7	
3. Private Contributions and Bequests	137.7 (c)	110.4	29.2	(1.9)
4. Indirect Support from Affiliates			4.9	(4.9)
5. Other Operating Revenue	25.7	19.3	11.6	(5.2)
6. Alan Guttmacher Institute	5.7 (d)	6.0		(0.3)
Total Revenue	530.9	495.8	47.4	(12.3)
Expenses				
1. Domestic Programs:				
a. Medical Services	332.6	337.8		(5.2)
b. Sexuality Education	27.2	27.2		
c. Public Policy	10.5	10.5		
d. Service to the Field of Family Planning (e)	8.4		8.4	
e. Service to Affiliates (e)	17.4		17.7	(0.3)
Total Domestic Programs	396.1	375.5	26.1	(5.5)
2. International Family Planning Programs	4.9	1.4	3.5	
Total Program Services	401.0	376.9	29.6	(5.5)
3. Supporting Services:				
a. Management and General	61.2	56.9	4.3	
b. Fundraising	25.2	18.9	6.3	
Total Supporting Services	86.4	75.8	10.6	0.0
4. Other Expenses:				
a. Payments to Related Organizations	2.3	7.2	1.9	(6.8)
b. Alan Guttmacher Institute	5.3	5.3		
Total Other Expenses	7.6	12.5	1.9	(6.8)
Total Expenses	495.0 (f)	465.2	42.1	(12.3)
EXCESS OF REVENUE OVER EXPENSES	35.9	30.6	5.3	0.0
5. Other Changes in Net Assets (g)	6.7	4.6	2.1	
NET ASSETS: Beginning of Year	317.6	297.6	20.0	
NET ASSETS: End of Year	360.2	332.8	27.4	0.0

COMBINED BALANCE SHEET: NATIONAL AND AFFILIATES (All Amounts in Millions) 6/30/97

	Total (a)	Affiliates	National Office	Eliminations (b)
ASSETS				
Current Assets	233.2	222.4	14.5	(3.7)
Property, Equipment, Endowment, Other	202.7	179.0	23.7	
TOTAL ASSETS	435.9	401.4	38.2	(3.7)
LIABILITIES AND NET ASSETS				
Current Liabilities	50.6	46.6	7.7	(3.7)
Mortgages, Notes Payable, Other	25.1	22.0	3.1	
TOTAL LIABILITIES	75.7	68.6	10.8	(3.7)
NET ASSETS				
Unrestricted	147.5	139.1	8.4	
Property & Equipment	134.5	133.0	1.5	
Temporarily Restricted	35.7	29.3	6.4	
Permanently Restricted	42.5	31.4	11.1	
TOTAL NET ASSETS	360.2	332.8	27.4	0.0
TOTAL LIABILITIES AND NET ASSETS	435.9	401.4	38.2	

Summary of Financial Activities

for the year ended June 30, 1998

A makes contributions to
r organizations. A list of all
nizations that received con-
tions from PPFA during the
ended June 30, 1998, may
btained by writing to PPFA,
Seventh Avenue, New York,
10019.
ited statement available on
est from New York Depart-
t of State, Office of Charities
stration, Albany, NY 12231,
om PPFA.

Notes (All Dollar Amounts in Millions)

(a) National office figures reflect operations of Planned Parenthood Federation of America, Inc., Planned Parenthood Action Fund, Inc. (including its Political Action Committee), and The Planned Parenthood Foundation for the year ended June 30, 1998, as reported in audited financial statements. Affiliate figures reflect the operations of 133 Planned Parenthood affiliates and are based upon amounts reported in affiliate audited financial statements for fiscal years ended during 1997.

(b) Payments and receipts between affiliates and the national office have been eliminated. These include dues, rebates, insurance payments, and payments to the Alan Guttmacher Institute. Related adjustments have been made to the balance sheet.

(c) Includes corporate contributions, foundation grants, and support from more than 700,000 active individual contributors, including individual contributions received through International Service Agencies and Federal Service Campaigns (on-the-job solicitation and contributions through payroll deduction plans for employees of federal and state governments and participating corporations). This also includes $9.1 million of bequests.

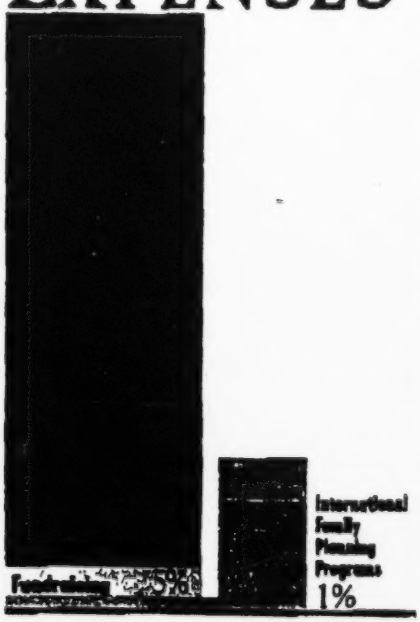
(d) The Alan Guttmacher Institute, a special affiliate to which PPFA supplies some support, is an independent, not-for-profit corporation for reproductive health research, policy analysis, and public education.

(e) Throughout the text of this Annual Report, these domestic programs of the national office have been described in the context of the affiliate programmatic areas (Medical Services, Sexuality Education, Public Policy) to which they relate.

(f) Expenses do not include capitalized expenditures for property, plant, and equipment and repayment of related loans, but do include depreciation and amortization of such property, plant, and equipment and interest expense on such loans.

EVENUE

EXPENSES



Operating and Other Funds (ALL AMOUNTS IN MILLIONS)

COMBINED STATEMENT OF REVENUE, EXPENSES, AND CHANGES IN NET ASSETS FOR THE YEAR ENDED JUNE 30, 1998

	Total(a)	Affiliates	National Office	Eliminations (b)
Revenue				
1. Clinic Income	206.5	206.5		
2. Government Grants and Contracts	165.0	164.4	0.6	
3. Private Contributions and Bequests	139.3 (c)	106.3	35.0	(2.0)
4. Indirect Support from Affiliates			4.8	(4.8)
5. Other Operating Revenue	38.7	31.2	13.5	(6.0)
[illegible]				
Expenses				
1. Domestic Programs:				
a. Medical Services	340.1	346.1		(6.0)
b. Sexuality Education	27.8	27.8		
c. Public Policy	11.8	11.8		
d. Service to the Field of Family Planning (e)	8.5		8.5	
e. Service to Affiliates (e)	20.2		22.5	(2.3)
[illegible]				
2. International Family Planning Programs	5.4	1.9	3.5	
[illegible]				
3. Supporting Services:				
a. Management and General	62.5	57.7	4.8	
b. Fundraising	27.8	21.0	6.8	
[illegible]				
Other Expenses:				
a. Payments to Related Organizations	2.1	6.9		(4.8)
b. Alan Guttmacher Institute	5.7	5.7		
[illegible]				
Total Expenses	511.9 (f)	478.9	46.1	(13.1)
[illegible]				
5. Other Changes in Net Assets	2.3	2.4	(0.1)	
[illegible]				
NET ASSETS- End of Year	484.8	369.7	35.1	0.0

Combined Balance Sheet: National and Affiliates (ALL AMOUNTS IN MILLIONS) 6/30/98

	Total(a)	National Affiliates	Office	Eliminations (b)
ASSETS				
Current Assets	264.5	245.3	22.9	(3.7)
Property, Equipment, Endowment, Other	221.2	193.3	27.9	
Total Assets	485.7	438.6	50.8	(3.7)
LIABILITIES AND NET ASSETS				
Current Liabilities	53.9	45.9	11.7	(3.7)
Mortgages, Notes Payable, Other	27.0	23.0	4.0	
Total Liabilities	80.9	68.9	15.7	(3.7)
NET ASSETS				
Unrestricted	170.8	160.7	10.1	
Property & Equipment	147.2	145.8	1.4	
Temporarily Restricted	40.9	29.3	11.6	
Permanently Restricted	45.9	33.9	12.0	
Total Net Assets	404.8	369.7	35.1	0.0
Total Liabilities and Net Assets	485.7	438.6	50.8	(3.7)

[000052]

Summary of Financial Activities
For the Year Ended June 30, 1999

(a) National office figures reflect operations of Planned Parenthood Federation of America, Inc., Planned Parenthood Action Fund, Inc. (including its Political Action Committee), end The Planned Parenthood Foundation for the year ended June 30,1999, as reported in audited financial statements. Affiliate figures reflect the operations of 132 Planned Parenthood affiliates and are based upon amounts reported in affiliate audited financial statements for fiscal years ended during 1998.

(b) Payments and receipts between affiliates and the national office have been eliminated. These include dues, rebates, insurance payments, and payments to the Alan Guttmacher Institute. Related adjustments have been made to the balance sheet.

(c) Includes, corporate contributions, foundation grants, and support from more than 700,000 active individual contributors, including individual contributions received through International Service Agencies said Federal Service Campaigns (on-the-job solicitation and contributions through payroll deduction plans for employees of federal and state governments and participating corporations). This also includes $76.2 million of bequests.

(d) The Alan Guttmacher Institute, a special affiliate to which PPFA supplies some support, is an independent, not-for-profit corporation for reproductive health research, policy analysis, and public education.

(e) Expenses do not include capitalized expenditures for property, plant, and equipment and repayment of related loans, but do include depreciation and amortization of such property, plant, and equipment and interest expense on such loans.

PPFA MAKES CONTRIBUTIONS TO OTHER ORGANIZATIONS. A LIST OF ALL ORGANIZATIONS THAT RECEIVED CONTRIBUTIONS FROM PPFA DURING THE YEAR ENDED JUNE 30, 1999, MAY BE OBTAINED BY WRITING TO PPFA, 810 SEVENTH AVENUE, NEW YORK, NY 10019.

AUDITED STATEMENT AVAILABLE ON REQUEST FROM NEW YORK DEPARTMENT OF STATE, OFFICE OF CHARITIES REGISTRATION, ALBANY, NY 12231, OR FROM PPFA.

REVENUE

Private Contributions	35%
Clinic Income	32%
Government Grants	27%
Alan Guttmacher Institute & Other	6%

EXPENSES

Medical Services	66%

Non-Medical Domestic Program Services	14%
Management and General Support	12%
Fundraising	6%
Alan Guttmacher Institute & Other	1%
International Family Planning Programs	1%

See Foldout Exhibit Changes in Net Assets [000053]

[000054]

GIFTS THAT SUPPORT PLANNED PARENTHOOD

Planned Parenthood Federation of America relies on the generosity of individuals, foundations, and corporations to support our domestic and international programs. There are many ways donors can help us pursue our mission on behalf of women and families around the corner and around the world.

OUTRIGHT GIFTS - When you become a member of Planned Parenthood Federation of America, you help fight for family planning and reproductive rights worldwide. Gifts can be made for unrestricted support of Planned Parenthood programs or for a specific purpose. (212-261-4359)

PLANNED GIFTS AND BEQUESTS - Learn how to secure reproductive freedom for future generations by naming PPFA in your will, or by receiving life income through Charitable

HANGES IN NET ASSETS, FOR THE YEAR ENDED JUNE 30, 1999

OTAL[A]	AFFILIATES	NATIONAL OFFICE	ELIMINATIONS [B]
211.0	211.0		
176.5	176.1	0.4	
232.7 [c]	186.0	48.8	(2.1)
		5.0	(5.0)
34.7	29.5	6.2	(1.0)
5.8 [d]	6.1		(0.3)
[illegible]	[illegible]	[illegible]	[illegible]
50.8	351.8		(1.0)
27.2	27.2		
20.3	20.3		
11.5		11.5	
13.8		16.2	(2.4)
23.6	399.3	27.7	(3.4)
5.4	1.6	3.8	
[illegible]	[illegible]	[illegible]	[illegible]
56.0	60.6	5.4	
30.9	22.5	8.4	
96.9	83.1	13.8	—
2.4	7.4		(5.0)
6.6	6.6		
9.0	14.0	—	(5.0)
[illegible]	[illegible]	[illegible]	[illegible]
5.8	110.7	15.1	—
5.7	5.8	(0.1)	
[illegible]	[illegible]	[illegible]	[illegible]
[illegible]	[illegible]	[illegible]	[illegible]

COMBINED BALANCE SHEET: NATIONAL AND AFFILIATES

(ALL AMOUNTS IN MILLIONS) 6/30/99

	TOTAL[A]	AFFILIATES	NATIONAL OFFICE	ELIMINATIONS [B]
ASSETS				
CURRENT ASSETS	312.4	280.0	34.8	(2.4)
PROPERTY, EQUIPMENT, ENDOWMENT, OTHER	320.8	285.9	34.9	
TOTAL ASSETS	633.2	565.9	69.7	(2.4)
LIABILITIES & NET ASSETS				
CURRENT LIABILITIES	62.4	51.5	13.3	(2.4)
MORTGAGES, NOTES PAYABLE, OTHER	34.5	28.2	6.3	
TOTAL LIABILITIES	96.9	79.7	19.6	(2.4)
NET ASSETS				
UNRESTRICTED	200.0	185.0	14.3	
PROPERTY & EQUIPMENT	154.6	152.4	2.2	
TEMPORARILY RESTRICTED	64.4	43.7	20.7	
PERMANENTLY RESTRICTED	117.3	104.4	12.9	
TOTAL NET ASSETS	536.3	486.2	50.1	
TOTAL LIABILITIES & NET ASSETS	633.2	565.9	69.7	(2.4)

Remainder Trusts, Charitable Gift Annuities, or the Planned Parenthood Pooled Income Fund. (212-261-4345)

GIFTS ONLINE - It is now easier than ever to make a donation to Planned Parenthood Federation of America. Just log on to our Web site, www.plannedparenthood.org, and using our secure connection, make a tax-deductible gift using your credit card. It is a wonderful and convenient way to help us continue our work for women and families everywhere. (212-261-4359)

SUSTAINING MEMBERSHIP - Strengthen PPFA through monthly, bimonthly, or quarterly contributions. Gifts may be transferred directly from your bank account or credit card. (212-261-4682)

GIFTS OF STOCK - Receive a charitable deduction for the full market value of your gift at the date of transfer, as well as an exemption from capital gains tax, on shares you have owned for at least one year. (212-261-4692)

MEMORIAL OR HONORARY GIFTS - Celebrate special individuals or occasions with gifts in their honor. (212-261-4359)

DESIGNATED GIFTS AT THE WORKPLACE - Help sustain PPFA, the Planned Parenthood Foundation, and Family Planning International Assistance through Independent Charities of America, International Service Agencies, United Way, and other federated campaigns. (212) 261-4669)

MATCHING GIFTS - Your employer may double or even triple the value of your contribution. Your company's personnel office can supply appropriate information. (212-261-4682)

SUMMARY
For the year ended
June 30, 2000

A list of all organizations that received contributions from ppfa during the year ended June 30, 2000, may be obtained by writing to PPFA, 810 Seventh Avenue, New York, NY 10019.

Audited statement available on request from the Office of the Attorney General, Department of Law, Charities Bureau, Broadway, New York, NY 10271.

(a) National office figures reflect operations of Planned Parenthood Federation of America, Inc., Planned Parenthood Action Fund, Inc. (including its Political Action Committee), end The Planned Parenthood Foundation for the year ended June 30,2000. Affiliate figures reflect the operations of 127 Planned Parenthood affiliates and are based upon amounts reported in affiliate audited financial statements for fiscal years ended during 1999.

(b) Payments and receipts between affiliates and the national office have been eliminated. These include dues, rebates, insurance payments, and payments to the Alan Guttmacher Institute. Related adjustments have been made to the balance sheet.

(c) Includes, corporate contributions, foundation grants, and support from more than 700,000 active individual contributors, including individual contributions received through International Service Agencies said Federal Service Campaigns (on-the-job solicitation and contributions through payroll deduction plans for employees of federal and state

governments and participating corporations). This also includes $9 million of bequests.

(d) The Alan Guttmacher Institute, a special affiliate to which PPFA supplies some support, is an independent, not-for-profit corporation for reproductive health research, policy analysis, and public education.

(e) Expenses do not include capitalized expenditures for property, plant, and equipment and repayment of related loans, but do include depreciation and amortization of such property, plant, and equipment and interest expense on such loans.

See Foldout Exhibits [000055-000071]

Combined Statement of Revenue, Expense & Changes in Net Assets for the Year Ended June 30, 2000

Summary of Financial Activities For the Year ended June 30, 2001

1999 Return of Organization Exempt from Income Tax

OF FINANCIAL ACTIVITIES

Operating & Other Funds [All Amounts In Millions]

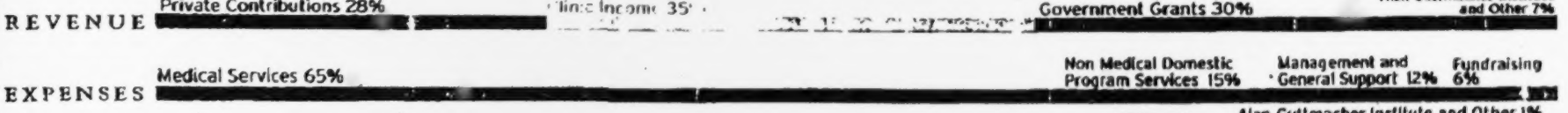
Combined Statement of Revenue, Expenses & Changes in Net Assets for the Year Ended June 30, 2000

	See Pages	Total[A]	Affiliates	National Office	Eliminations [B]
REVENUE					
Clinic Income		222.2	222.2		
Government Grants and Contracts		187.3	186.7	0.6	
Private Contributions And Bequests		174.9 [c]	126.0	51.2	(2.3)
Support From Affiliates		0.0		5.0	(5.0)
Other Operating Revenue		36.1	31.6	5.6	(1.0)
Alan Guttmacher Institute		6.7 [d]	7.2		(0.5)
TOTAL REVENUE		627.2	573.6	62.4	(8.8)
EXPENSES					
Domestic Programs:					
A. Medical Services	5,7-9,13	366.5	367.5		(1.0)
B. Sexuality Education	4-5	31.8	31.8		
C. Public Policy	2-3,5,7,10,12-13	20.9	20.9		
D. Services To The Field of Family Planning	2-5,7-8,10-17,20	15.8		15.8	
E. Service To Affiliates	3-5,7-8,10-17,20	14.5		17.3	(2.8)
Total Domestic Programs		449.5	420.2	33.1	(3.8)
International Family Planning Programs	6,7	5.6	1.5	4.1	
Total Program Services		455.1	421.7	37.2	(3.8)
Supporting Services					
A. Management And General		69.7	63.7	6.0	
B. Fundraising		33.7	24.2	9.5	
Total Supporting Services		103.4	87.9	15.5	0.0
Other Expenses					
A. Payments To Related Organizations		2.2	7.2		(5.0)
B. Alan Guttmacher Institute		7.0	7.0		
Total Other Expenses		9.2	14.2	0.0	(5.0)
TOTAL EXPENSES		567.7 [e]	523.8	52.7	(8.8)
Excess of Revenue Over Expenses		59.5	49.8	9.7	0.0
Other Changes In Net Assets		(0.3)		(0.3)	
NET ASSETS: Beginning Year		519.4	469.3	50.1	
NET ASSETS: End Year		578.6	519.1	59.5	0.0

Combined Balance Sheet: National And Affiliates

[All Amounts In Millions] 6/30/00

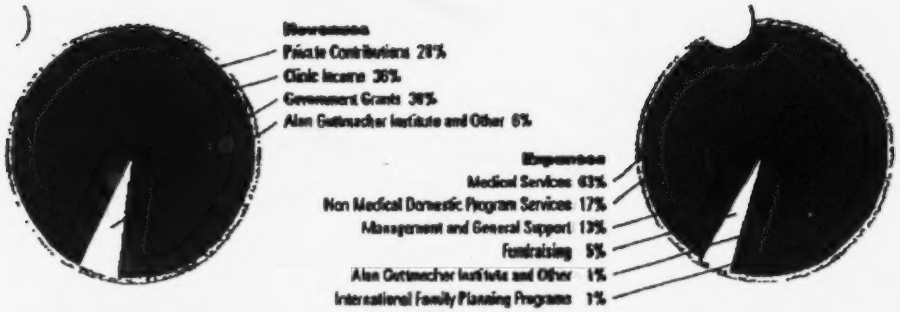
	Total[A]	Affiliates	National Office	Elimination [B]
ASSETS				
Current Assets	352.7	315.0	39.8	(2.1)
Property, Equipment, Endowment, Other	345.0	297.5	47.5	
TOTAL ASSETS	697.7	612.5	87.3	(2.1)
LIABILITIES & NET ASSETS				
Current Liabilities	60.9	49.5	13.5	(2.1)
Mortgages, Notes Payable, Other	43.2	28.9	14.3	
TOTAL LIABILITIES	104.1	78.4	27.8	(2.1)
NET ASSETS				
Unrestricted	228.5	212.6	15.9	
Property & Equipment	162.4	159.4	3.0	
Temporarily Restricted	80.0	53.8	26.2	
Permanently Restricted	122.7	108.3	14.4	
TOTAL NET ASSETS	593.6	534.1	59.5	0.0
TOTAL LIABILITIES & NET ASSETS	697.7	612.5	87.3	(2.1)



000055

Summary of Financial Activities

For the year ended June 30, 2001



Combined Statement of Revenue, Expenses & Changes in Net Assets for the Year Ended June 30, 2001
Operating and Other Funds (All Amounts in Millions)

	Total [A]	Affiliates	National Office	Eliminations [B]
Revenue				
Clinic Income	241.0	241.0	0.0	
Government Grants and Contracts	202.7	202.6	0.1	
Private Contributions and Bequests	189.5	118.1	73.7	(2.3)
Support From Affiliates	0.0 (c)	0.0	5.5	(5.5)
Other Operating Revenue	28.3	31.3	(1.3)	(1.7)
Alan Guttmacher Institute (12/31/00)	6.4 (d)	7.1		(0.7)
TOTAL REVENUE	**672.6**	**600.1**	**78.0**	**(10.2)**
Expenses				
Domestic Programs: SEE PAGES				
A. Medical Services 5,7-8,13	397.2	398.9		(1.7)
B. Sexuality Education 4-5	34.3	34.3		
C. Public Policy 2-3,7,10,11-13	24.5	24.5		
D. Services to the Field of Family Planning 2-5,7-8,10-17,20	27.6		27.6	
E. Service to Affiliates 2-5,7-8,10-17,20	19.0		19.0	(3.0)
Total Domestic Programs	**499.6**	**457.7**	**46.6**	**(4.7)**
International Family Planning Programs 6-7,11	8.2	0.0	8.2	
Total Program Services	**507.8**	**457.7**	**54.8**	**(4.7)**
Supporting Services				
A. Management and General	78.7	71.2	7.5	
B. Fundraising	33.9	23.8	10.1	
Total Supporting Services	**112.6**	**95.0**	**17.6**	
Other Expenses				
A. Payment to Related Organizations	2.0	7.5	0.0	(5.5)
B. Alan Guttmacher Institute	6.6	6.6	0.0	
Total Other Expenses	**8.6**	**14.1**	**0.0**	**(5.5)**
TOTAL EXPENSES	**629.0 (e)**	**566.8**	**72.4**	**(10.2)**
Excess of Revenue Over Expenses	**38.9**	**33.3**	**5.6**	**0.0**
Other Changes in Net Assets	**0.9**	**0.9**	**0.0**	**0.0**
NET ASSETS: Beginning Year	**600.0**	**543.4**	**56.6**	**0.0**
NET ASSETS: End Year	**639.8**	**577.6**	**62.2**	**0.0**

Combined Balance Sheet
National and Affiliates as of 06/30/2001
(All Amounts in Millions)

	Total [A]	Affiliates	National Office	Eliminations [B]
Assets				
Current Assets	400.0	357.1	44.6	(1.7)
Property, Equipment, Endowment, Other	350.3	303.2	47.1	
Total Assets:	**750.3**	**660.3**	**91.7**	**(1.7)**
Liabilities and Net Assets				
Current Liabilities	61.8	49.5	14.0	(1.7)
Mortgages, Notes Payable, Other	48.7	33.2	15.5	
Total Liabilities:	**110.5**	**82.7**	**29.5**	**(1.7)**
Net Assets				
Unrestricted	251.0	233.9	17.1	
Property & Equipment	176.8	173.9	2.9	
Temporary Restricted	84.8	58.4	26.4	
Permanently Restricted	127.2	111.4	15.8	
Total Net Assets	**639.8**	**577.6**	**62.2**	
Total Liabilities and Net Assets	**750.3**	**660.3**	**91.7**	**(1.7)**

A list of all organizations that received contributions from PPFA during the year that ended June 30, 2001, may be obtained by writing to PPFA, 810 Seventh Avenue, New York, NY 10019.

Audited statement available on request from the Office of the Attorney General, Department of Law, Charities Bureau, 120 Broadway, New York, NY 10271.

(a) National office figures reflect operations of Planned Parenthood Federation of America, Inc., Planned Parenthood Action Fund, Inc. (including its Political Action Committee), and The Planned Parenthood Foundation for the year ended June 30, 2001. Affiliate figures reflect the operations of 126 Planned Parenthood affiliates and are based upon amounts reported in affiliate audited financial statements for fiscal years ended during 2000.

(b) Payments and receipts between affiliates and the national office have been eliminated. These include dues, rebates, insurance payments, and payments to the Alan Guttmacher Institute. Related adjustments have been made to the balance sheet.

(c) Includes corporate contributions, foundation grants, and support from more than 700,000 active individual contributors, including individual contributions received through International Service Agencies and Federal Service Campaigns (on-the-job solicitation and contributions through payroll deduction plans for employees of federal and state governments and participating corporations). This also includes $21.3 million of bequests.

(d) The Alan Guttmacher Institute, a special affiliate to which PPFA supplies some support, is an independent, not-for-profit corporation for reproductive health research, policy analysis, and public education.

(e) Expenses do not include capitalized expenditures for property, plant, and equipment and repayment of related loans, but do include depreciation and amortization of such property, plant, and equipment and interest expense on such loans.

Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

Under section 501(c) of the Internal Revenue Code (except black lung benefit trust or private foundation) or section 4947(a)(1) nonexempt charitable trust

Note: *The organization may have to use a copy of this return to satisfy state reporting requirements.*

OMB No. 1545-0047

1999

This Form is Open to Public Inspection

A For the 1999 calendar year, OR tax year period beginning JULY 1, 1999, and ending JUNE 30, 2000

B Check if:
- ☐ Change of address
- ☐ Initial return
- ☐ Final return
- ☐ Amended return (required also for state reporting)

Please use IRS label or print or type. See Specific Instructions.

C Name of organization: PLANNED PARENTHOOD FEDERATION of AMERICA INC.

Number and street (or P.O. box if mail is not delivered to street address): 810 SEVENTH AVENUE — Room/suite:

City or town, state or country, and ZIP+4: NEW YORK, NEW YORK 10019

D Employer identification number: 13 1644147

E Telephone number: (212) 541-7800

F Check ▶ ☐ If exemption application is pending

G Type of organization— ▶ ☒ Exempt under section 501(c)(3) ◀ (insert number) OR ▶ ☐ section 4947(a)(1) nonexempt charitable trust

Note: *Section 501(c)(3) exempt organizations and 4947(a)(1) nonexempt charitable trusts MUST attach a completed Schedule A (Form 990).*

H(a) Is this a group return filed for affiliates? ☐ Yes ☒ No

(b) If "Yes," enter the number of affiliates for which this return is filed: ▶

(c) Is this a separate return filed by an organization covered by a group ruling? ☐ Yes ☒ No

I If either box in H is checked "Yes," enter four-digit group exemption number (GEN) ▶

J Accounting method: ☐ Cash ☒ Accrual ☐ Other (specify) ▶

K Check here ▶ ☐ If the organization's gross receipts are normally not more than $25,000. The organization need not file a return with the IRS; but if it received a Form 990 Package in the mail, it should file a return without financial data. Some states require a complete return.

Note: *Form 990-EZ may be used by organizations with gross receipts less than $100,000 and total assets less than $250,000 at end of year.*

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See Specific Instructions on page 15.)

Revenue	1	Contributions, gifts, grants, and similar amounts received:		
	a	Direct public support	1a 40,12,927	
	b	Indirect public support	1b 5,530,733	
	c	Government contributions (grants)	1c 276,805	
	d	Total (add lines 1a through 1c) (attach schedule of contributors) (cash $ 46820465 noncash $ 0) SCHEDULE - A	1d	46,820,465
	2	Program service revenue including government fees and contracts (from Part VII, line 93)	2	3682395
	3	Membership dues and assessments	3	
	4	Interest on savings and temporary cash investments	4	
	5	Dividends and interest from securities	5	1269745
	6a	Gross rents	6a	
	b	Less: rental expenses	6b	
	c	Net rental income or (loss) (subtract line 6b from line 6a)	6c	
	7	Other investment income (describe ▶)	7	
	8a	Gross amount from sales of assets other than inventory — (A) Securities 18213606; (B) Other	8a	
	b	Less: cost or other basis and sales expenses	8b 17031635	
	c	Gain or (loss) (attach schedule)	8c 1181971	
	d	Net gain or (loss) (combine line 8c, columns (A) and (B)) SCHEDULE - B	8d	1,181,971
	9	Special events and activities (attach schedule)		
	a	Gross revenue (not including $ _____ of contributions reported on line 1a)	9a	
	b	Less: direct expenses other than fundraising expenses	9b	
	c	Net income or (loss) from special events (subtract line 9b from line 9a)	9c	
	10a	Gross sales of inventory, less returns and allowances	10a	
	b	Less: cost of goods sold	10b	
	c	Gross profit or (loss) from sales of inventory (attach schedule) (subtract line 10b from line 10a)	10c	
	11	Other revenue (from Part VII, line 103) LIST ROYALTY INCOME	11	92625
	12	Total revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11)	12	53 046 201
Expenses	13	Program services (from line 44, column (B))	13	38 273 513
	14	Management and general (from line 44, column (C))	14	5,660,647
	15	Fundraising (from line 44, column (D))	15	6520373
	16	Payments to affiliates (attach schedule)	16	
	17	Total expenses (add lines 16 and 44, column (A))	17	50,454,533
Net Assets	18	Excess or (deficit) for the year (subtract line 17 from line 12)	18	2,591,668
	19	Net assets or fund balances at beginning of year (from line 73, column (A))	19	50 004 813
	20	Other changes in net assets or fund balances (attach explanation) SCHEDULE - D	20	3,078,868
	21	Net assets or fund balances at end of year (combine lines 18, 19, and 20)	21	55 675 349

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Part II Statement of Functional Expenses All organizations must complete column (A). Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others. (See Specific Instructions on page 19.)

Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22 Grants and allocations (attach schedule) (cash $ SCHEDULE-O noncash $ -0-)	22				
23 Specific assistance to individuals (attach schedule)	23				
24 Benefits paid to or for members (attach schedule)	24				
25 Compensation of officers, directors, etc.	25				
26 Other salaries and wages	26				
27 Pension plan contributions	27				
28 Other employee benefits	28				
29 Payroll taxes	29				
30 Professional fundraising fees	30				
31 Accounting fees	31				
32 Legal fees	32				
33 Supplies	33				
34 Telephone	34				
35 Postage and shipping	35	SEE ATTACHED SCHEDULE-E			
36 Occupancy	36				
37 Equipment rental and maintenance	37				
38 Printing and publications	38				
39 Travel	39				
40 Conferences, conventions, and meetings	40				
41 Interest	41				
42 Depreciation, depletion, etc. (attach schedule)	42				
43 Other expenses (itemize): a SCHEDULE-N	43a				
b	43b				
c	43c				
d	43d				
e	43e				
44 Total functional expenses (add lines 22 through 43). Organizations completing columns (B)-(D), carry these totals to lines 13–15.	44	50,459,533	38,273,513	5,660,647	6,520,373

Reporting of Joint Costs. Did you report in column (B) (Program services) any joint costs from a combined educational campaign and fundraising solicitation? ▶ ☒ Yes ☐ No

If "Yes," enter (i) the aggregate amount of these joint costs $ 9534994; (ii) the amount allocated to Program services $ 4495100; (iii) the amount allocated to Management and general $ -0-; and (iv) the amount allocated to Fundraising $ 5039844

Part III Statement of Program Service Accomplishments (See Specific Instructions on page 22.)

What is the organization's primary exempt purpose? ▶ SEE ARTICLE II IN ATTACHED SCHEDULE (ISC-LAW)

All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of clients served, publications issued, etc. Discuss achievements that are not measurable. (Section 501(c)(3) and (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.)

		Program Service Expenses (Required for 501(c)(3) and (4) orgs., and 4947(a)(1) trusts; but optional for others.)
a	GRANTS & SERVICE TO AFFILIATES - USA IN THE FIELD OF FAMILY PLANNING (Grants and allocations $ 3462,268)	17172,370
b	SERVICE TO THE (NON AFFILIATES - USA) FIELD OF FAMILY PLANNING (Grants and allocations $ 972,335)	16969099
c	INTERNATIONAL ASSISTANCE AND FAMILY PLANNING (Grants and allocations $ 1692,095)	4132044
d	(Grants and allocations $)	
e Other program services (attach schedule)	(Grants and allocations $)	
f Total of Program Service Expenses (should equal line 44, column (B), Program services) ▶		38273513

Part IV **Balance Sheets** (See Specific Instructions on page 22.)

	Note: Where required, attached schedules and amounts within the description column should be for end-of-year amounts only.			(A) Beginning of year		(B) End of year
Assets	45 Cash—non-interest-bearing			473651	45	353129
	46 Savings and temporary cash investments			412,316	46	533203
	47a Accounts receivable	47a	4022285			
	b Less: allowance for doubtful accounts	47b	0	3073225	47c	4022285
	48a Pledges receivable	48a				
	b Less: allowance for doubtful accounts	48b		7864496	48c	6759470
	49 Grants receivable			318194	49	0
	50 Receivables from officers, directors, trustees, and key employees (attach schedule)				50	
	51a Other notes and loans receivable (attach schedule)	51a				
	b Less: allowance for doubtful accounts	51b		0	51c	0
	52 Inventories for sale or use			4835234	52	2928788
	53 Prepaid expenses and deferred charges				53	
	54 Investments—securities (attach schedule) SCHEDULE - C			46580150	54	53666815
	55a Investments—land, buildings, and equipment: basis	55a				
	b Less: accumulated depreciation (attach schedule)	55b			55c	
	56 Investments—other (attach schedule)				56	
	57a Land, buildings, and equipment: basis	57a	14863082			
	b Less: accumulated depreciation (attach schedule) SCHEDULE - F	57b	4788968	9203435	57c	9893114
	58 Other assets (describe ▶ BENEFICIAL INTEREST IN PERPETUAL TRUST)			3592839	58	4026644
	59 **Total assets** (add lines 45 through 58) (must equal line 74)			69353540	59	82182978
Liabilities	60 Accounts payable and accrued expenses			10011966	60	8853682
	61 Grants payable				61	
	62 Deferred revenue			592992	62	666992
	63 Loans from officers, directors, trustees, and key employees (attach schedule)				63	
	64a Tax-exempt bond liabilities (attach schedule)				64a	
	b Mortgages and other notes payable (attach schedule)				64b	
	65 Other liabilities (describe ▶ SCHEDULE - H)			8743769	65	16986955
	66 **Total liabilities** (add lines 60 through 65)			19348727	66	26507629
Net Assets or Fund Balances	**Organizations that follow SFAS 117, check here** ▶ ☒ and complete lines 67 through 69 and lines 73 and 74.					
	67 Unrestricted			16399577	67	18190831
	68 Temporarily restricted			20752302	68	23038213
	69 Permanently restricted			12852934	69	14446305
	Organizations that do not follow SFAS 117, check here ▶ ☐ and complete lines 70 through 74.					
	70 Capital stock, trust principal, or current funds				70	
	71 Paid-in or capital surplus, or land, building, and equipment fund				71	
	72 Retained earnings, endowment, accumulated income, or other funds				72	
	73 **Total net assets or fund balances** (add lines 67 through 69 OR lines 70 through 72; column (A) must equal line 19 and column (B) must equal line 21)			50004813	73	55675349
	74 **Total liabilities and net assets / fund balances** (add lines 66 and 73)			69353540	74	82182978

Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular organization. How the public perceives an organization in such cases may be determined by the information presented on its return. Therefore, please make sure the return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments.

Part IV A Reconciliation of Revenue per Audited Financial Statements with Revenue per Return (See Specific Instructions, page 24.)

a Total revenue, gains, and other support per audited financial statements . . ▶	a	55985,855
b Amounts included on line a but not on line 12, Form 990:		
(1) Net unrealized gains on investments . . $ 2597,193		
(2) Donated services and use of facilities $		
(3) Recoveries of prior year grants . . . $		
(4) Other (specify): SCHEDULE-I ..... $ 481,675		
Add amounts on lines (1) through (4) ▶	b	3078,868
c Line a minus line b . . . . . ▶	c	52,916,484
d Amounts included on line 12, Form 990 but not on line a:		
(1) Investment expenses not included on line 6b, Form 990 . . . $		
(2) Other (specify): REVENUE FROM Retirement Counsels $ 129,717		
Add amounts on lines (1) and (2) ▶	d	129,717
e Total revenue per line 12, Form 990 (line c plus line d) . . . . . ▶	e	53046,201

Part IV B Reconciliation of Expenses per Audited Financial Statements with Expenses per Return

a Total expenses and losses per audited financial statements . . ▶	a	50954,128
b Amounts included on line a but not on line 17, Form 990:		
(1) Donated services and use of facilities $		
(2) Prior year adjustments reported on line 20, Form 990 . . . . $		
(3) Losses reported on line 20, Form 990 . $		
(4) Other (specify): .... $		
Add amounts on lines (1) through (4) ▶	b	0
c Line a minus line b . . . . . ▶	c	50954,128
d Amounts included on line 17, Form 990 but not on line a:		
(1) Investment expenses not included on line 6b, Form 990. . . $		
(2) Other (specify): EXPENSES FOR Retirement Counsels $ 100,405		
Add amounts on lines (1) and (2) ▶	d	100,405
e Total expenses per line 17, Form 990 (line c plus line d) . . . . . ▶	e	51054,533

Part V List of Officers, Directors, Trustees, and Key Employees (List each one even if not compensated; see Specific Instructions on page 24.)

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0-.)	(D) Contributions to employee benefit plans & deferred compensation	(E) Expense account and other allowances
SEE ATTACHED SCHEDULE-I				

75 Did any officer, director, trustee, or key employee receive aggregate compensation of more than $100,000 from your organization and all related organizations, of which more than $10,000 was provided by the related organizations? ▶ ☐ Yes ☒ No

If "Yes," attach schedule—see Specific Instructions on page 25.

Part VI Other Information (See Specific Instructions on page 25.)

			Yes	No
76	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity	76		X
77	Were any changes made in the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes. SEE ATTACHED BY LAWS SCHEDULE-A	77	X	
78a	Did the organization have unrelated business gross income of $1,000 or more during the year covered by this return?	78a		X
b	If "Yes," has it filed a tax return on Form 990-T for this year?	78b		N/A
79	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement	79		X
80a	Is the organization related (other than by association with a statewide or nationwide organization) through common membership, governing bodies, trustees, officers, etc., to any other exempt or nonexempt organization?	80a	X	
b	If "Yes," enter the name of the organization ▶ SCHEDULE-K and check whether it is ☒ exempt OR ☐ nonexempt.			
81a	Enter the amount of political expenditures, direct or indirect, as described in the instructions for line 81. 81a: 0			
b	Did the organization file Form 1120-POL for this year?	81b		X
82a	Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value?	82a		X
b	If "Yes," you may indicate the value of these items here. Do not include this amount as revenue in Part I or as an expense in Part II. (See instructions for reporting in Part III.). 82b: 0			
83a	Did the organization comply with the public inspection requirements for returns and exemption applications?	83a	X	
b	Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	83b	X	
84a	Did the organization solicit any contributions or gifts that were not tax deductible?	84a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	84b		N/A
85	*501(c)(4), (5), or (6) organizations.* a Were substantially all dues nondeductible by members?	85a		N/A
b	Did the organization make only in-house lobbying expenditures of $2,000 or less?	85b		N/A
	If "Yes" was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year.			
c	Dues, assessments, and similar amounts from members 85c: N/A			
d	Section 162(e) lobbying and political expenditures 85d: N/A			
e	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices 85e: N/A			
f	Taxable amount of lobbying and political expenditures (line 85d less 85e) 85f: N/A			
g	Does the organization elect to pay the section 6033(e) tax on the amount in 85f?	85g		N/A
h	If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount in 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year?	85h		N/A
86	*501(c)(7) orgs.* Enter: a Initiation fees and capital contributions included on line 12 86a: N/A			
b	Gross receipts, included on line 12, for public use of club facilities 86b: N/A			
87	*501(c)(12) orgs.* Enter: a Gross income from members or shareholders 87a: N/A			
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.) 87b: N/A			
88	At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Part IX	88		N/A
89a	*501(c)(3) organizations.* Enter: Amount of tax imposed on the organization during the year under: section 4911 ▶ N/A 0 ; section 4912 ▶ N/A 0 ; section 4955 ▶ N/A 0			
b	*501(c)(3) and 501(c)(4) orgs.* Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach a statement explaining each transaction.	89b		N/A
c	Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958. ▶ 0			
d	Enter: Amount of tax on line 89c, above, reimbursed by the organization. ▶ 0			
90a	List the states with which a copy of this return is filed ▶ SCHEDULE-L			
b	Number of employees employed in the pay period that includes March 12, 1999 (See inst.) 90b: 219			
91	The books are in care of ▶ PLANNED PARENTHOOD FEDERATION Telephone no. ▶ (212) 541-7800 Located at ▶ 810 SEVENTH AVENUE OF AMERICA, INC. ZIP + 4 ▶ 10019			
92	*Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041*—Check here ▶ ☐ and enter the amount of tax-exempt interest received or accrued during the tax year ▶ 92: N/A			

Form 990 (1999)

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Part VII Analysis of Income-Producing Activities (See Specific Instructions on page 29.)

Enter gross amounts unless otherwise indicated.	Unrelated business income (A) Business code	Unrelated business income (B) Amount	Excluded by section 512, 513, or 514 (C) Exclusion code	Excluded by section 512, 513, or 514 (D) Amount	(E) Related or exempt function income
93 Program service revenue:					
a SALES OF PUBLICATIONS					619891
b FEES FOR SERVICES TO AFFILIATES					3060220
c					
d					
e					
f Medicare/Medicaid payments					
g Fees and contracts from government agencies					
94 Membership dues and assessments					
95 Interest on savings and temporary cash investments			14	1263785	
96 Dividends and interest from securities					
97 Net rental income or (loss) from real estate:					
a debt-financed property					
b not debt-financed property					
98 Net rental income or (loss) from personal property					
99 Other investment income			18	1181971	
100 Gain or (loss) from sales of assets other than inventory					
101 Net income or (loss) from special events			15	97625	
102 Gross profit or (loss) from sales of inventory					
103 Other revenue: a LIST RENTAL INCOME SCHEDULE - P					
b					
c					
d					
e				2542341	3680111
104 Subtotal (add columns (B), (D), and (E)) ▶					6223452
105 Total (add line 104, columns (B), (D), and (E))					

Note: *Line 105 plus line 1d, Part I, should equal the amount on line 12, Part I.*

Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes (See Specific Instructions on page 30.)

Line No. ▼	Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes).
93A	SALES & DISTRIBUTION OF EDUCATIONAL PUBLICATIONS IN THE FIELD OF FAMILY PLANNING
93B	FEES FOR PROVIDING CONFERENCE TRAINING SESSIONS AND OTHER EDUCATIONAL AND TECHNICAL ASSISTANCE TO PLANNED PARENTHOOD AFFILIATES.

Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities (See Specific Instructions on page 30.)

(A) Name, address, and EIN of corporation, partnership, or disregarded entity	(B) Percentage of ownership interest	(C) Nature of activities	(D) Total income	(E) End-of-year assets
	%			
	%	N/A		
	%			
	%			

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Please Sign Here

13/20/01 ▶ LARRY MORELAND, C.F.O.
Date | Type or print name and title.

Paid Preparer's Use Only

Date | Check if self- | Preparer's SSN or PTIN

[redacted]

SCHEDULE A (Form 990)

Department of the Treasury Internal Revenue Service

Organization Exempt Under Section 501(c)(3)

(Except Private Foundation) and Section 501(e), 501(f), 501(k), 501(n), or Section 4947(a)(1) Nonexempt Charitable Trust

Supplementary Information—(See separate instructions.)

▶ MUST be completed by the above organizations and attached to their Form 990 or 990-EZ.

OMB No. 1545-0047

1999

Name of the organization: PLANNED PARENTHOOD FEDERATION OF AMERICA INC

Employer identification number: 13 1644147

Part I Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees (See page 1 of the instructions. List each one. If there are none, enter "None.")

(a) Name and address of each employee paid more than $50,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
GLORIA A. FELDT 810 7th AVE. NY, N.Y. 10019	PRESIDENT FULL TIME	$ 324,217	$ 16,938	$ 68,000
DAN RUTTBERG 810 7th AVE. NY N.Y. 10019	VP INFORMATION TECHNOLOGY FULL TIME	159,772	0	0
JAMES A. MINOW 810 7th AVE. NY N.Y. 10019	VP DEVELOPMENT FULL TIME	199,473	11,100	0
JOHN ROMO 810 7th AVE. NY N.Y. 10019	C O O FULL TIME	174,231	0	0
JEFFREY D. MECHANICK 810 7th AVE NY N.Y. 10019	VP BUSINESS SUPPORT SERVICES FULL TIME	156,670	8,773	0
Total number of other employees paid over $50,000 ▶				

Part II Compensation of the Five Highest Paid Independent Contractors for Professional Services (See page 1 of the instructions. List each one (whether individuals or firms). If there are none, enter "None.")

(a) Name and address of each independent contractor paid more than $50,000	(b) Type of service	(c) Compensation
OMPW 1726 M. St. N.W. SUITE 200 WASHINGTON D.C. 20036	MAIL HOUSE	$ 2,489,171
BENESON JAYSON ADVERTISING 4220 LANKERSHIM BLVD. STUDIO CITY, CA 91602	ADVERTISING	2,385,293
HITT CONTRACTING PO BOX 18209 MERRIFIELD VA 22118	DC BUILDING CONTRACTORS	2,372,759
FACTOR DIRECT LIMITED 1900 AVE. OF THE STARS, LOSANGELES CA 90067	MAIL HOUSE	909,541
MDM TECHNOLOGIES 333 FIRST STREET ELIZABETH NJ 072206-2015	MAIL HOUSE	530,855
Total number of others receiving over $50,000 for professional services ▶ 44		

Part III Statements About Activities

		Yes	No
1	During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum? If "Yes," enter the total expenses paid or incurred in connection with the lobbying activities ▶ $ #735550 Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Other organizations checking "Yes," must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities.	1	X	
2	During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any of its trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary:			
a	Sale, exchange, or leasing of property?	2a		X
b	Lending of money or other extension of credit?	2b		X
c	Furnishing of goods, services, or facilities?	2c		X
d	Payment of compensation (or payment or reimbursement of expenses if more than $1,000)?	2d	X	
e	Transfer of any part of its income or assets? If the answer to any question is "Yes," attach a detailed statement explaining the transactions.	2e		X
3	Does the organization make grants for scholarships, fellowships, student loans, etc.?	3		X
4a	Do you have a section 403(b) annuity plan for your employees?	4a	X	
b	Attach a statement to explain how the organization determines that individuals or organizations receiving grants or loans from it in furtherance of its charitable programs qualify to receive payments. (See page 2 of the instructions.)			

Part IV Reason for Non-Private Foundation Status (See pages 2 through 4 of the instructions.)

The organization is not a private foundation because it is: (Please check only ONE applicable box.)

5 ☐ A church, convention of churches, or association of churches. Section 170(b)(1)(A)(i).
6 ☐ A school. Section 170(b)(1)(A)(ii). (Also complete Part V, page 4.)
7 ☐ A hospital or a cooperative hospital service organization. Section 170(b)(1)(A)(iii).
8 ☐ A Federal, state, or local government or governmental unit. Section 170(b)(1)(A)(v).
9 ☐ A medical research organization operated in conjunction with a hospital. Section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state ▶
10 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit. Section 170(b)(1)(A)(iv). (Also complete the Support Schedule in Part IV-A.)
11a ☒ An organization that normally receives a substantial part of its support from a governmental unit or from the general public. Section 170(b)(1)(A)(vi). (Also complete the Support Schedule in Part IV-A.)
11b ☐ A community trust. Section 170(b)(1)(A)(vi). (Also complete the Support Schedule in Part IV-A.)
12 ☐ An organization that normally receives: (1) more than 33⅓% of its support from contributions, membership fees, and gross receipts from activities related to its charitable, etc., functions—subject to certain exceptions, and (2) no more than 33⅓% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Also complete the Support Schedule in Part IV-A.)
13 ☐ An organization that is not controlled by any disqualified persons (other than foundation managers) and supports organizations described in: (1) lines 5 through 12 above; or (2) section 501(c)(4), (5), or (6), if they meet the test of section 509(a)(2). (See section 509(a)(3).)

Provide the following information about the supported organizations. (See page 4 of the instructions.)

(a) Name(s) of supported organization(s)	(b) Line number from above
N/A	

14 ☐ An organization organized and operated to test for public safety. Section 509(a)(4). (See page 4 of the instructions.)

Part IV-A Support Schedule (Complete only if you checked a box on line 10, 11, or 12.) *Use cash method of accounting.*
Note: *You may use the worksheet in the instructions for converting from the accrual to the cash method of accounting.*

Calendar year (or fiscal year beginning in) ▶	(a) 1998	(b) 1997	(c) 1996	(d) 1995	(e) Total
15 Gifts, grants, and contributions received. (Do not include unusual grants. See line 28.)	7/98 TO 6/99 44,647,275	7/97 TO 6/98 38,963,207	7/96 TO 6/97 27,303,677	7/95 TO 6/96 27,568,692	129,482,851
16 Membership fees received	5,173,190	4,976,136	4,823,643	4,865,617	19,838,586
17 Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is not a business unrelated to the organization's charitable, etc., purpose	3,622,395	8,292,680	8,133,951	7,363,386	27,472,412
18 Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975	1,361,370	711,013	700,909	622,221	3,395,513
19 Net income from unrelated business activities not included in line 18	0	0	0	0	0
20 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf	0	0	0	0	0
21 The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge	0	0	0	0	0
22 Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets	0	0	0	0	0
23 Total of lines 15 through 22	51,814,230	46,943,036	40,962,180	40,449,916	180,189,362
24 Line 23 minus line 17	48,191,835	38,650,356	32,828,229	33,086,530	152,716,950
25 Enter 1% of line 23	518,142	469,430	409,622	404,499	

26	**Organizations described on lines 10 or 11:** a Enter 2% of amount in column (e), line 24 ▶	26a	3,054,339
b	Attach a list (which is not open to public inspection) showing the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 1995 through 1998 exceeded the amount shown in line 26a. Enter the sum of all these excess amounts. SCHEDULE - O ▶	26b	10,165,661
c	Total support for section 509(a)(1) test: Enter line 24, column (e) ▶	26c	152,716,950
d	Add: Amounts from column (e) for lines: 18 3,395,513 19 0 22 0 26b 10,165,661 ▶	26d	13,561,174
e	Public support (line 26c minus line 26d total) ▶	26e	139,155,776
f	**Public support percentage (line 26e (numerator) divided by line 26c (denominator))** ▶	26f	91.12 %

27 **Organizations described on line 12:** a For amounts included in lines 15, 16, and 17 that were received from a "disqualified person," attach a list to show the name of, and total amounts received in each year from, each "disqualified person." Enter the sum of such amounts for each year: N/A

(1998) ..... (1997) ..... (1996) ..... (1995) .....

b For any amount included in line 17 that was received from a nondisqualified person, attach a list to show the name of, and amount received for each year, that was more than the larger of (1) the amount on line 25 for the year or (2) $5,000. (Include in the list organizations described in lines 5 through 11, as well as individuals.) After computing the difference between the amount received and the larger amount described in (1) or (2), enter the sum of these differences (the excess amounts) for each year:

(1998) ..... (1997) ..... (1996) ..... (1995) .....

c	Add: Amounts from column (e) for lines: 15 _____ 16 _____ 17 _____ 20 _____ 21 _____ ▶	27c	
d	Add: Line 27a total _____ and line 27b total _____ ▶	27d	
e	Public support (line 27c total minus line 27d total) ▶	27e	
f	Total support for section 509(a)(2) test: Enter amount on line 23, column (e) ▶ 27f		
g	**Public support percentage (line 27e (numerator) divided by line 27f (denominator))** ▶	27g	%
h	**Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))** ▶	27h	%

28 **Unusual Grants:** For an organization described in line 10, 11, or 12 that received any unusual grants during 1995 through 1998, attach a list (which is not open to public inspection) for each year showing the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant. Do not include these grants in line 15. (See page 4 of the instructions.) NONE

Part V **Private School Questionnaire** (See page 4 of the instructions.)
(To be completed ONLY by schools that checked the box on line 6 in Part IV) N/A

		Yes	No
29	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?	29	
30	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?	30	
31	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves?	31	
	If "Yes," please describe; if "No," please explain. (If you need more space, attach a separate statement.)		
32	Does the organization maintain the following:		
a	Records indicating the racial composition of the student body, faculty, and administrative staff?	32a	
b	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	32b	
c	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?	32c	
d	Copies of all material used by the organization or on its behalf to solicit contributions?	32d	
	If you answered "No" to any of the above, please explain. (If you need more space, attach a separate statement.)		
33	Does the organization discriminate by race in any way with respect to:		
a	Students' rights or privileges?	33a	
b	Admissions policies?	33b	
c	Employment of faculty or administrative staff?	33c	
d	Scholarships or other financial assistance?	33d	
e	Educational policies?	33e	
f	Use of facilities?	33f	
g	Athletic programs?	33g	
h	Other extracurricular activities?	33h	
	If you answered "Yes" to any of the above, please explain. (If you need more space, attach a separate statement.)		
34a	Does the organization receive any financial aid or assistance from a governmental agency?	34a	
b	Has the organization's right to such aid ever been revoked or suspended?	34b	
	If you answered "Yes" to either 34a or b, please explain using an attached statement.		
35	Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05 of Rev. Proc. 75-50, 1975-2 C.B. 587, covering racial nondiscrimination? If "No," attach an explanation . . .	35	

Part VI-A Lobbying Expenditures by Electing Public Charities (See page 6 of the instructions.)
(To be completed ONLY by an eligible organization that filed Form 5768)

Check here ▶ a ☐ If the organization belongs to an affiliated group.
Check here ▶ b ☐ If you checked "a" above and "limited control" provisions apply.

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)		(a) Affiliated group totals	(b) To be completed for ALL electing organizations
36 Total lobbying expenditures to influence public opinion (grassroots lobbying)	36		239,248
37 Total lobbying expenditures to influence a legislative body (direct lobbying)	37		496,302
38 Total lobbying expenditures (add lines 36 and 37)	38		735,550
39 Other exempt purpose expenditures	39		49718983
40 Total exempt purpose expenditures (add lines 38 and 39)	40		50454533
41 Lobbying nontaxable amount. Enter the amount from the following table— If the amount on line 40 is— / The lobbying nontaxable amount is— Not over $500,000 — 20% of the amount on line 40. Over $500,000 but not over $1,000,000 — $100,000 plus 15% of the excess over $500,000 Over $1,000,000 but not over $1,500,000 — $175,000 plus 10% of the excess over $1,000,000 Over $1,500,000 but not over $17,000,000 — $225,000 plus 5% of the excess over $1,500,000 Over $17,000,000 — $1,000,000	41		1,000,000
42 Grassroots nontaxable amount (enter 25% of line 41)	42		250,000
43 Subtract line 42 from line 36. Enter -0- if line 42 is more than line 36	43		0
44 Subtract line 41 from line 38. Enter -0- if line 41 is more than line 38	44		0

Caution: *If there is an amount on either line 43 or line 44, you must file Form 4720.*

4-Year Averaging Period Under Section 501(h)
(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 45 through 50 on page 7 of the instructions.)

	Calendar year (or fiscal year beginning in) ▶	(a) 1999	(b) 1998	(c) 1997	(d) 1996	(e) Total
		Lobbying Expenditures During 4-Year Averaging Period				
45	Lobbying nontaxable amount	1,000,000	1,000,000	1,000,000	1,000,000	4,000,000
46	Lobbying ceiling amount (150% of line 45(a))					6,000,000
47	Total lobbying expenditures	735,550	339,657	190,612	331,728	1,597,547
48	Grassroots nontaxable amount	250,000	250,000	250,000	250,000	1,000,000
49	Grassroots ceiling amount (150% of line 48(a))					
50	Grassroots lobbying expenditures	239,248	128,099	13,248	226,434	607,029

Part VI-B Lobbying Activity by Nonelecting Public Charities
(For reporting only by organizations that did not complete Part VI-A) (See page 8 of the instructions.)

During the year, did the organization attempt to influence national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:	Yes	No	Amount
a Volunteers			
b Paid staff or management (include compensation in expenses reported on lines c through h.)			
c Media advertisements			
d Mailings to members, legislators, or the public			
e Publications, or published or broadcast statements			
f Grants to other organizations for lobbying purposes			
g Direct contact with legislators, their staffs, government officials, or a legislative body			
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means			
i Total lobbying expenditures (add lines c through h)			

N/A

If "Yes" to any of the above, also attach a statement giving a detailed description of the lobbying activities.

Part VII **Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations** (See page 8 of the instructions.)

51 Did the reporting organization directly or indirectly engage in any of the following with any other organization described in section 501(c) of the Code (other than section 501(c)(3) organizations) or in section 527, relating to political organizations?

		Yes	No
a	Transfers from the reporting organization to a noncharitable exempt organization of:		
	(i) Cash	51a(i)	X
	(ii) Other assets	a(ii)	X
b	Other transactions:		
	(i) Sales or exchanges of assets with a noncharitable exempt organization	b(i)	X
	(ii) Purchases of assets from a noncharitable exempt organization	b(ii)	X
	(iii) Rental of facilities, equipment, or other assets	b(iii)	X
	(iv) Reimbursement arrangements	b(iv)	X
	(v) Loans or loan guarantees	b(v)	X
	(vi) Performance of services or membership or fundraising solicitations	b(vi)	X
c	Sharing of facilities, equipment, mailing lists, other assets, or paid employees	c	X

d If the answer to any of the above is "Yes," complete the following schedule. Column (b) should always show the fair market value of the goods, other assets, or services given by the reporting organization. If the organization received less than fair market value in any transaction or sharing arrangement, show in column (d) the value of the goods, other assets, or services received:

(a) Line no.	(b) Amount involved	(c) Name of noncharitable exempt organization	(d) Description of transfers, transactions, and sharing arrangements
51(b) (vi)	$12,000	PLANNED PARENTHOOD ACTION FUND, INC.	ADMINISTRATIVE COST

52a Is the organization directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) of the Code (other than section 501(c)(3)) or in section 527? ▶ ☒ Yes ☐ No

b If "Yes," complete the following schedule:

(a) Name of organization	(b) Type of organization	(c) Description of relationship
PLANNED PARENTHOOD ACTION FUND, INC.	501 (c) (4)	OVERLAPPING BOARD OF DIRECTORS

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